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VOL. IV. ST. LOUIS, JANUARY 15, 1867. No. 1.

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TUBERCULOSIS.*

BY DR. E. C. FRANKLIN.

By tuberculosis, scrofula, or struma, is meant a constitutional condition that leads to the development or deposit of a peculiar formation designated as *tubercle*. The constitutional condition that tends to this is sufficiently characteristic to be readily recognized; still, a person may be said to possess a scrofulous tendency or diathesis without laboring under the fully-declared disease, in which latter case there will be a disposition to tuberculous matter in some of the tissues or organs.

ETIOLOGY.—It may be either hereditary or acquired, though in the great majority of instances it undoubtedly originates from some peculiar taint transmitted from parent to child. Its development in persons of healthy parentage is rare, though quite possible, as it may supervene as a sequel of scarlatina, small-pox, measles, or from any disorder impairing the general nutrition of the body.

* From Dr. E. C. Franklin's forthcoming work on Surgery.

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The SCROFULOUS DIATHESIS is often erroneously confounded with general debility, but is by no means synonymous with weakness of constitution. Debility often exists without any scrofulous tendency or taint, more particularly in persons of the nervous temperament. Many delicate people, though weak, are perfectly healthy, showing no disposition to this affection; on the contrary, the scrofulous constitution is frequently conjoined with great muscular power and mental activity. But though no weakness may be manifested in either of these respects, scrofula is invariably attended by debility or perversion of the nutritive activity of the body. This is especially manifested in certain tissues, as the mucous and the cutaneous, and in those organs with low vitality, as the lymphatic glands, the bones, and the joints. In these, scrofula is particularly apt to influence the products of nutrition and inflammation—more especially in the earlier periods of life, when these actions are most energetic—in such a way as to render its existence evident to the surgeon. It is this tendency to the occurrence of particular diseases, and to the ingrafting of special characters on affections of certain tissues, that may be considered as indicative of the existence of the scrofulous diathesis—of that condition which, in its full development, gives rise to the deposit of tubercle in organs and tissues. The existence of this diathesis is marked by the presence of a peculiar temperament, by special modifications of the seat, form, and products of inflammation, and by the formation of tubercle.

The SCROFULOUS TEMPERAMENT assumes two distinct forms, and each of these presents two varieties. The most common is that which occurs in persons with fair, soft, transparent skin, having clear blue eyes with large pupils, light hair, tapering fingers, and fine, white teeth, together with roundness of outline, and whose growth is rapid and intellect precocious. In these individuals the affections are strong and the procreative powers quite considerable; the mental activity is often great, and is usually characterized by much delicacy and softness of feeling, and vivacity of intellect. Indeed, it would appear, in such persons as these, that the nutritive, procreative and mental powers are rapidly and energetically developed in early life, and hence become proportionately early exhausted. In another

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variety of the fair scrofulous temperament we find a coarse skin, short and rounded features, light gray eyes, crisp and curling sandy hair, a short and somewhat ungainly stature, but not uncommonly (as in the former variety) great and early mental activity, and occasionally much muscular strength.

In the *dark* form of the scrofulous temperament we usually find a somewhat heavy, sullen, and forbidding appearance; a dark, coarse, sallow, or greasy-looking skin; thick, harsh, curly hair; a small stature, but often a powerful and strong-limbed frame; with a certain degree of torpor or languor of the mental faculties, though in some instances the powers of the intellect are remarkably well-developed. The other dark strumous temperament is characterized by clear dark eyes, fine hair, sallow skin, and by mental and physical organization that closely resembles the first-described variety of the fair strumous diathesis.

General Symptoms.—In all these varieties of temperament the digestive organs will be found to be weak and irritable. This may be regarded as one of the most essential conditions connected with scrofula, and as tending greatly to the impairment of nutrition, which is so frequent in this affection. The action of the heart is feeble, the blood is thin and watery, and there is a tendency to coldness and often to clamminess of the extremities. The most marked characteristic of struma, however, is the peculiar modification which inflammation undergoes. The *course* of the inflammatory action is always slow, feeble, and ill-developed—the more active and sthenic conditions being rarely met with. In its *form* it is usually congestive, ulcerative, or suppurative, the *products* being characterized by little tendency to adhesion. Its *seat* is chiefly the skin and mucous membranes, the joints, and the bones, occasioning a great variety of special diseases, according as one or the other of these structures is affected. And whatever the variety of temperament, the patient usually emaciates, becomes sallow, cachectic, and debilitated, at length falling into a state of hectic or marasmus. The *skin* is often the seat of scrofulous disease, the latter manifesting itself in a variety of cutaneous eruptions—especially the different forms of eczema of the scalp—and various ulcers

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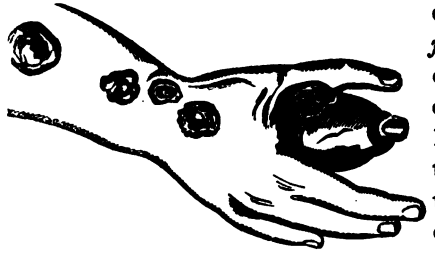
Fig. 140.

on the surface, usually weak and largely granulating, with considerable swelling of the surrounding parts and a tendency to the formation of thin, blue, and glazed cicatrices. The integuments of the whole of the limb may become much diseased in this way, œdematous, infiltrated, and covered by flabby ulcers and fistulæ, the parts becoming, perhaps, double their natural size, Fig. 140. This condition is met with in the arm and leg, and may become so severe and intractable as to demand amputation.

The *mucous membranes* are frequently extensively affected, and often present the earlier forms of scrofulous disease in childhood. This is more especially the case with those of the eyelids and nose. The conjunctiva becomes chronically inflamed, with perhaps ulceration of the cornea. The mucous membrane of the eyelids may be permanently congested and irritated, with loss of lashes, constituting psorophthalmia. The mucous membrane lining the nostrils may also become chronically congested, giving rise to symptoms resembling a constant cold. Occasionally, too, the lining of the antrum becomes irritated, and may occasion an enlargement of this cavity, or perhaps a discharge of unhealthy pus into the nostrils. The larynx may be the seat of various forms of aphonia, dependent on congestion. The genito-urinary organs not unfrequently show a marked tendency to debility and irritation, very slight exciting causes producing discharges from the urethra which are often very lasting in character. The *bones and joints* are liable to the occurrence of various forms of caries and necrosis, Fig. 141, more especially those that are spongy in their texture, as the short bones of the foot and the articular

Fig. 141.



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ends of long bones. The joints are liable to that large class of affections that are commonly included under the term of *white swelling*, and which consist of thickening, disorganization, ulceration, and suppuration of the synovial membranes and cartilages. The *glandular organs*, especially the lymphatic glands on the side of the neck and under the angles of the jaw, are peculiarly prone to scrofulous disease. These glandular enlargements are disposed to run into unhealthy and chronic suppuration. The testes and mammæ are occasionally affected; and other glandular structures, though sometimes implicated, are not so commonly affected as those mentioned.

ANATOMY OF TUBERCLE.—Tubercle, according to Erichsen, can not be looked upon as a specific affection, but must be regarded as a perverted or unhealthy development of the nutritive materials destined for the repair of the body and the restoration of the blood. Simon considers it a disease of the lymph, or nascent blood. The scrofulous diathesis he defines as a peculiarity of blood development, under which the nascent blood tends to molecular death by superoxydation. Williams says that tubercle is a degraded condition of the nutritive material from which the old textures are renewed and the new ones formed, and it differs from fibrin or coagulable lymph not in kind, but in degree of vitality and capacity of organization. Adopting the theory of cell action, as presented by Addison and Virchow, the tuberculous matter may be pronounced the result of a necrosis of other cells or of glands, the local nutrition of which is impaired by the impoverished character of the blood furnished through the general circulation. Gregg, of Buffalo, who has also investigated this subject quite extensively, believes it to be a product consequent on a peculiar condition of the blood, resulting from a loss of its albumen. Tubercle occurs in two forms, as semi-transparent, gray granulations, smooth and cartilaginous in look, somewhat hard, closely adherent and accumulated in groups, often with a good deal of inflammatory action in the surrounding tissues. They have a tendency to run into masses, and to constitute the second form—the true yellow tubercle, which is met with in opaque, firm but friable concretions, of a dull whitish or yellowish color, homogeneous in structure, and without any appearance of vascularity. Tu-

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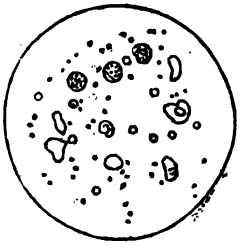
bercular deposits have been observed in nearly every structure of the body.

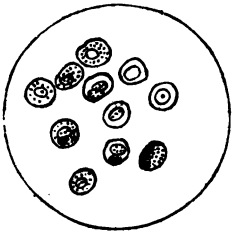
MICROSCOPICAL CHARACTER.—Under the lens, it is seen to consist of a transparent matrix containing granules, nuclei, cells, and oil globules, the proportion of which is variable. The true tubercular corpuscles are round, ovoidal, or oblong, or perhaps almost shapeless, and constitute a large proportion of the morbid product. It bears a close resemblance to pus, from which it may be distinguished by reference to its chemical character, Figs. 142 and 143.

Fig. 142.



Tubercle.

Fig. 143.



Pus.

CHEMICAL CHARACTER.—It consists almost entirely of albumen, or protein matter, there being a small proportion of earthy salts, as phosphate and carbonate of lime. Occasionally there is a little fibrin, casein, extractive matter, and pyine.

DIAGNOSIS.—It is not always easy to distinguish scrofulous humors from enlargements of glands due to chronic inflammation and hypertrophy, producing what is described as adenoma. In *acute* affections of the structures liable to be affected by the occurrence of tubercular deposits, the diagnosis is readily made in view of the rapid progress of the inflammation. It often requires the most careful study in order to discriminate between them and cancerous formations; and as regards the prognosis, it is highly important that no error should be made. They can usually, however, be distinguished from schirrus by the stony hardness of the latter, together with the lancinating character of the pain; in other cases no positive diagnosis can be given until the disorder has progressed so near its characteristic termination as to be unmistakable.

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PROGNOSIS.—Glandular tumors consequent on tuberculous deposits are seldom, of themselves, so severe as directly to occasion death, but may be indirectly the cause by terminating in a chronic form of abscess, which occasionally proves fatal from its exhaustive discharges. Provided there be a deposition of tubercular matter in some of the internal organs—as in the mesenteric glands, membranes of the brain, and the lungs—the prognosis is decidedly unfavorable.

TREATMENT.—The treatment of scrofula consists not only in endeavoring to prevent the full manifestation of the disease, but also in removing it whenever existing. Thus, it is divided into two varieties, according to the individual characteristics, or rather to its degree of development; these are the *preventive* and *curative* forms of treatment.

The *preventive* treatment is perhaps equally important with the curative, for every homœopathic practitioner has witnessed cases where the development of the affection, even when hereditary, has been stayed; the child of strumous parents, possessing the distinctive characteristics of scrofula, but maturing into manhood without a development of the disease. To be successful, this treatment should be begun early and continued uninterruptedly for months, and perhaps years. Its importance, in the first place, consists in unremitting attention to the laws of hygiene. The food should be of the most bland and nutritious kind, care being taken that the stomach be never overloaded, as neglect of this precaution gives rise to irritability of the mucous membrane of that viscus: nutrition and assimilation are imperfectly performed; the undigested food, passing out of the stomach in the form of lithates or other products of mal-assimilation, impairs rather than improves the nutritive function. The use of stimulants, so much lauded by the allopathic school, especially in liberal quantities, is destructive to perfect digestion clogging the healthy action of the nutritive processes. Whenever such remedies are used, only those of the lightest and most nutritious character should be allowed, and partaken of sparingly and at occasional intervals. Among the most beneficial are milk-punch, egg-nog, porter, ale, and light wines. Fresh meats, as beef, mutton, venison, fowls, the different varieties of game, and oysters, should constitute the principal articles of diet.

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Bread, rice, meal, grits, potatoes, carrots, and other farinaceous substances, may be made to take the place of the more watery and succulent vegetables. Attention should be paid to the various secretions, to see that they are conducted normally. Scrofulous patients being peculiarly sensitive to cold, moisture, and alternations of temperature from heat to cold, their clothing should be warm, and the whole of the body be carefully covered to correspond with the changes in the atmosphere. The patient's room should be thoroughly ventilated, and the luxurious practice of sleeping in a room with a fire can not be too highly reprobated. Freedom of exercise in the open air, but not carried so far as to produce fatigue, should be recommended; and change of climate, from mountainous regions to the sea-shore, and *vice versa*, has often been productive of the most satisfactory results. Bathing, also, whether in river or sea, the tepid or cold sponge bath, with the habitual use of friction, in order to impart a healthy action to the skin and to preserve the activity of the cutaneous circulation, should be regularly practiced. Calisthenic exercises, the various games of ball, and the gymnasium, are all potent renovators and preservers of the nutritive function, if moderately indulged in, and at proper seasons of the year. Riding on horseback, especially in the early part of the day, when not carried to excess, is one of the most important adjuvants in establishing a normal condition of the secretions and excretions of the human organism.

(Conclusion next month.)

CHOLERA.

A FEW FACTS AND THOUGHTS CONCERNING IT.

Thirty-four years have passed since this disease appeared in our country.

Its coming, was heralded by the medical journals and the Press of Europe, as a new and strange disease. Its character was represented as terrible—laying waste human hopes and families—possessing a power which swept away every bulwark of human effort and science, without a pause in its course—as an enemy whose every advance, in every land, was marked by slaughter and tribulation.

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Invisible and mysterious, mighty and irresistible in power, its name spread alarm wherever it came. Strong hearts grew faint at the thought of such a destroyer.

From such representations of an approaching foe, is it strange that the public mind should be fearfully agitated? Does not such a condition greatly increase the susceptibility to morbific influence?

Since 1832, we have been with this disease in its returns, during six years, and at various points. We perceived no change in the character of the disease from '32 to the present year. In each year there was the same frightful cadaverous countenance—great weakness of voice, peculiar sigh and moan combined—enormous discharges of rice water fluid from the stomach and anus, without any pain or effort, filled with small flocks of white substances—great and unquenchable thirst, with burning in the stomach—great prostration of strength—cold extremities, covered with cold, clammy sweat—bluish, shriveled appearance of the skin—cold breath, tongue and nose—cramps in the extremities, and a gradual dissolution, varying from six to sixty hours.

In the present epidemic, there has been a marked bilious character, and the discharges, in most cases, had no rice colored floculent appearance. The skin was in many cases warm, and covered with warm perspiration, even the extremities remaining warm and covered with moisture. There was very *little thirst*, no burning in the stomach—no loss of voice—no half sighing, half moaning—no utter loss of strength—no bluish, shriveled appearance of the skin—but in all the cases of collapse which I saw, a rapid congestion of the lungs. In no instance did I see a case indicating *Arsenicum* in the collapse, whereas in every other year *Arsenicum* was the grand and reliable remedy for that condition.

In this epidemic, the discharges have been in many cases, in the second stage, perfectly limpid, and giving no color to linen more than pure water would do—there has been less vomiting and less purging, but more pains, especially in the back or dorsal region. The function of the liver and

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kidneys was not suspended, as in all the other Cholera epidemics from 1832 to '66. The amount of matter ejected from the stomach and bowels, has not been over one half the quantity discharged by persons suffering with the disease in any previous epidemic; and where the disease was not promptly arrested, the termination was more speedy and fatal than in any previous visitation.

The result of Homœopathic treatment in St. Louis has not exceeded a loss of over five per cent. in the hundred. The exact number of cases and deaths will be given to the public as soon as each physician makes his return.

It is a matter of no little surprise to us that *Guaco* is so little used in Cholera. Few of the writers on this epidemic mention it at all. During the Cholera of 1849, we used it for the vomiting and purging with such excellent results, that we have from that time to the present considered it one of our most reliable remedies, and in many cases sufficient for the arrest of the disease without any other. In Cholera Morbus it may be considered a specific. It should be administered every ten minutes until the vomiting and purging cease, which in most cases will occur within an hour.

Of Prophylactics for Cholera, we are gratified to inform our readers that the Homœopathic Medical Society of Missouri, during the last summer, made a very extensive trial of *Camphor* and *Cuprum*. Many of the members of the Society used the two in alternation, one dose of each a day; others used *Camphor* alone by inhalation. The result was a perfect success. Of the many hundreds who used these preventives, there was, with two exceptions, perfect exemption from the epidemic. We have used *Camphor* as a preventive since 1849, and always with the same result. We learn that the same trial with *Camphor* was made by our Homœopathic physicians in Cincinnati, during the late epidemic, and with the same gratifying result. Prevention is better than cure.

Of all the functions disturbed in Cholera, we are satisfied that there is not one so seriously affected as that of the

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lungs. In our recent epidemic this fact was more marked than in any previous visitation. From a consideration of this fact may we not derive some benefit? The normal action of the lungs, and the adequate supply of oxygen, being indispensable to the circulation of the blood and the *quantum sufficit* of animal heat, let us look at the condition of the organism under this terrible disease.

Carbonic acid gas, which is the residuum of respiration, is inimical to life. May not weakness cause an accumulation of this gas in the lungs, so as to exclude the necessary amount of oxygen, and thus prevent the formation of the normal amount of heat, and cause the cold condition or collapse of the system, as in Cholera? Would not the cold skin, the deadly pale sunken countenance, the labored breathing, the feeble pulse, be caused by a rapid diminution of the production of heat in the lungs?

Several cases of Cholera having been treated successfully, based upon this theory of imperfect respiration, we shall give them in their regular order of occurring, and in the very words of the physician and sufferers.

Case I.—Mrs. W. "I had been affected for about three days with what I regarded as the ordinary complaints of the season, when one night, after my family had retired, I found myself suddenly very ill—my symptoms being coldness, debility and spasms. I believed myself attacked with Cholera."

Following directions, "I was placed in an erect position, where I could breathe fresh air as rapidly as I could. Violent exercise, with artificial breathing, was kept up for some time, with such rests and full, free breathings as nature required. After which I slept, perspired freely, and was well in the morning."

Case II.—"On 14th August. Jane, an Irish servant girl, twenty-five years old, who had suffered four days with diarrhea, was suddenly struck with what the French call Cholera *foudroyant*, from fright. Alarmed by unwonted sounds near her window in a basement room, she mounted the window

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seat to look out at the top of the sash, and found her face close to that of a man dying of Cholera, who in his death cramps was brought from a steamboat on a litter, and thus rested upon the pavement. The cover was lifted from his face, and the sight and the smell struck her with faintness and trembling; and with difficulty she reached her bed. I was called to go to her quickly, as she was very bad. She had a clay cold death look, and a frightful blackness round her eyes. Her face, as I saw it, was livid, pinched in features and corpse-like, and her pulse a feeble flutter; and she seemed only to breathe from the top of her lungs. She tried, as she afterwards told me, to say 'I am dying,' but her speech was husky and inarticulate. She says her sight and hearing were gone. While she was being removed out of doors, she could not see the window and could not feel her feet. We placed her in an upright position, with her back resting against a board wall, a fresh breeze blowing full in her face. Her senses were now partially restored. I told her to breathe violently, for she must get the bad air out of her lungs and the good air in, and I showed her how she must do it. At first she said 'I can't, for something rises up in the inside.' I told her sternly she must, as her life depended upon it, and she tried to obey me. At first it gave her severe headache, but as soon as deep breathing was fairly begun, while I was watching her face with intense anxiety, the color changed from the clay cold death look, to the full flush of the warm hue of life, and she joyfully exclaimed, 'O! I feel well!'

"When the removal of carbonic acid gas had made way for oxygen to be brought to the yet uninjured lungs, the carbon of the venous blood ignited, the motive power was furnished, the blood was again moved forward into the arterial system, and the dammed up venous current, receiving the suction force, rushed on so violently as at times nearly to produce suffocation; but the struggle was soon over, and the lungs, free from both carbonic acid gas and an unnatural quantity of venous blood, once more received

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pure air—and to the relieved sufferer respiration became delightful, the circulation passed freely through an unbroken system—and the Cholera was cured."

CASE III.—"Mrs. Gen. G. This lady had been attended for Cholera by an eminent Homœopathic physician, who pronounced the case to be hopeless. By pursuing the same course as in the preceding case, she was speedily cured.

"Was there, in the whole wide world, another person beside myself who would have taken such a living corpse, as Jane, dragged it out of doors, and set it upright on feet which could not feel, with the expectation that it might breathe out death, breathe in life and be restored? The result is a proof, *a posteriori*, that the theory on which the experiment was made is true."

These are facts which defy the ridicule of the skeptic, the sneer of the pharisaical, or the logic of the learned—facts which call for the earnest investigation of all lovers of truth, science and humanity.

I have given you my observations in the present Cholera, with the hope that my professional brethren will report their experience in the premises.

The disease is not identical with that of '32, '49, '50 or '52, and I think it is entitled to some other name than Asiatic Cholera, for it required different treatment. Except in a few cases, it has been easily managed.

JOHN T. TEMPLE.

Excision of the Head of the Right Humerus.

CASE REPORTED BY W. D. FOSTER, M.D., HANNIBAL, MO.

Matthias H., æt. thirty-six, of sanguine-nervous temperament, had his right wrist and hand severely shattered by the premature discharge of a cannon on the 11th day of April, 1865, the right shoulder being dislocated at the same time. The arm was amputated at about its middle, soon after, by two allopathic surgeons (!), but the luxation, if discovered,

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was left unreduced. The history of the case shows that the stump did well until about the fourth week, when cicitrization began. Extreme and constant pain supervened, almost distracting him, and allowing him no rest day or night. The pain he described as being a *cramping* of the fingers, which had been removed. It further appears that his attending surgeon was repeatedly informed that "something was wrong" with the shoulder, but he persisted in his blind neglect. After the patient was able to leave his bed, he consulted another physician, by whom his surmises were verified; but no measures for his relief were taken by those whom he consulted, and he had about concluded that he could find no relief.

Briefly: I saw the patient in the latter part of September, 1865, from whom I learned the above facts. He was suffering excruciating pain in the "fingers," as he imagined. An examination revealed the head of the humerus in the axilla, closely adhering to the chest, the limb at the upper part emaciated and unusually sensitive; the stump ill-formed, very tender, and considerably swollen. The bones had been sawn unevenly, the ulna being half an inch longer than the radius. The stump was traversed by a very large cicatrix. The general appearance was such as to lead one to think the limb had been cut squarely off and the soft textures *drawn over the end* of the bone to form a stump.

The length of time that had elapsed since the occurrence of the dislocation, precluded any hopes of success by efforts to reduce it, and as any operation offering a prospect of success would necessarily destroy the future use of the limb, I was under the impression that amputation at the shoulder would afford the most speedy and sure relief, and at the same time remove a useless burden from him. The operation of excising the head of the humerus occurred to me as being much less apt to be followed by satisfactory results. As the case was one of considerable importance, I determined to have the advice of others. With a view to determine which operation should be performed, Drs. Nor-

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ton, Hewitt, Birch and myself made a careful examination, and my determination to amputate was overruled in favor of excision. It was maintained that the latter was a much less severe proceeding, and by relieving the pressure in the axilla, would probably secure the end sought; or in case it did not, the cicatrix could be cut away, afterwards, from the stump.

Operation.—The patient being suitably placed on a table, he was chloroformed by Dr. G. B. Birch. I made a linear incision, four inches in length, downwards, beginning a little below the acromion process, through the deltoid to the bone; passed the chain-saw around the bone at the lower edge of the incision, sawed the bone off, and carefully dissected it away from its adhesions in the axilla. The hemorrhage was very slight—only two ligatures being applied. The edges of the wound were brought into apposition by a few stitches, and further secured by strips of isinglass plaster. The water dressing was employed until suppuration began.

Remarks.—The patient was visited daily until the violent symptoms were subdued. He made a very rapid recovery. The glenoid cavity was found to be in a perfectly normal condition, no changes looking like obliteration being detected. At present writing (Dec. 8th, 1866,) the pain has ceased, without having disturbed the cicatrix.

Chronic Bronchitis.

BY TEMPLE S. HOYNE, M.D., CHICAGO.

Chronic Bronchitis is essentially a protracted, sub-acute inflammation of the mucous membrane lining the bronchial tubes, and is usually a sequel of the acute variety; but frequently the inflammation is sub-acute from the first. It is an affection of old age rather than of youth, rarely occurring, except traumatically, under fifty years of age.

"The anatomical characters are redness, swelling and

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softening of the membrane, these changes being either uniform within the affected tubes, or limited to irregular patches. The affected tubes are found after death to contain more or less muco-purulent matter like that expectorated during life."

The symptoms are about the same as in acute bronchitis, but less intense. Chronic bronchitis is generally preceded by slight fever, or what is called cold in the chest; but when the disease is established, there is usually no fever, or it is slight; the respiration is slightly accelerated; there is hawking and coughing, with occasionally severe paroxysms of coughing in the morning, at night, or at other definite intervals, or the cough may be incessant. The voice is hoarse or rough. Percussion and auscultation reveal certain abnormal sounds. If the disease is simple and uncomplicated, the percussion sound is normal, except in those cases where the muco-purulent secretion is excessive, and within a circumscribed limit, then a slight dullness is perceptible over the deposit. Upon auscultation we discover certain rales, moist or dry, loud or low, according to the size of the tube, and amount of mucus in the tube in which the sound is produced. The larger the tube, the coarser the sound. Frequently the rales cannot be heard until the patient coughs, thus dislodging some obstruction to one or more of the smaller branches.

There is no pain, usually, unless the cough is frequent and violent, when a slight dull pain is felt at the base of the chest on both sides, or sometimes at the epigastrium, in consequence of the mechanical exertion of coughing, or the traction of the diaphragm on the ribs. The appetite is variable or not affected. The expectoration may be profuse or slight, and is greyish, greenish, yellowish-white, or ash colored, occasionally streaked with blood; or it may be thin, sticky and watery, resembling mucilage, or like the unboiled white of an egg. Sometimes it is fetid, and has a sweetish or saltish taste.

The inhalation of irritating particles of stone or metal

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may produce or maintain the disease, if already established. I think the excessive use of tobacco also produces the disease, or at least maintains it. Syphilis gives rise to a kind of bronchitis which often proves troublesome to the physician. The treatment of this form differs somewhat, it being necessary to antidote the essential poison. (Why is it so difficult to cure gonorrhœa or syphilis? Is it not because the disease is a punishment for sin? Take the symptoms of any case of gonorrhœa, and are they not equally covered by half a dozen remedies? Give any one of the six you please, and the disease is not cured, and very often the disease is not cured after giving every one of them in succession.)

Chronic bronchitis is sometimes cured, when it is aggravated by cold air, by a removal to a warmer climate. Such cases as recur every winter are sometimes cured in this way.

The disease is dangerous to life only when associated with other diseases, or when the bronchial tubes become plugged up by glutinous or inspissated mucus, and collapse of the lobules takes place, owing to obstructed inhalation. The collapse is confined to individual lobules, except in those cases where the larger tubes are obstructed.

The diagnosis is easily made between this affection and tuberculosis, by the history of the case, and percussion and auscultation.

Allopaths treat this disease with counter-irritants, nutritious diet, opium, hyosciamus, hydrocyanic-acid and tonics. In our school, *Puls.*, *Bry.*, *Nux.*, *Phos.*, *Lyc.*, *Calc.-carb.*, *China*, *Rhus Tox.* and *Sepia*, are the principal remedies.

Pulsatilla, the remedy we have found most often useful, is indicated when the following symptoms are present, viz: Aggravation in the afternoon, and *in a warm room;* better in the open air; pain at epigastrium; expectoration frothy, or *greenish*, tasting *bitter*, saltish or *greasy;* scraping and dryness in the throat, violent cough, with difficult expectoration.

Lycopodium also has aggravation in the afternoon and

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evening, but the expectoration is *grey*, purulent, whitish, with a saltish taste. The secretion of mucus is profuse, and respirations increased in number.

Among those remedies which produce aggravation *early in the morning*, and sometimes in the evening, *Phosphorus* is the most important. The secretion of mucus is profuse, and the respirations increased in number, but the voice is *hoarse, rough* or *lost.* The expectoration is frothy, purulent or yellow, with a sour, salt or *sweet* taste. The cough is accompanied with rawness in the chest.

Under *Nux* we find aggravation at the same times of the day, and in addition, aggravation from walking in the wind, and in cold air and *dry weather*, and amelioration in the house and in *wet weather*—not true of *Phosphorus.* Loss of appetite, expectoration of dark blood, sour taste (of expectoration), "cough when moving the body, cough occasioning a pain as if bruised at the epigastrium, and cough occasioning a headache as if the skull would burst," are other symptoms indicating its use.

Rhus Toxicodendron, also, is indicated in the morning aggravations, but differs from both *Nux* and *Puls.* Cold air and *wet weather* aggravate, *dry weather* ameliorates. *Talking* also aggravates. The expectoration consists of clots of coagulated blood. This remedy will be found useful in a very few cases.

Calcarea Carbonica is a good remedy for aggravation in the morning, in cold air and wet weather, when the expectoration is purulent, yellowish, with an *offensive smell* and a sour taste.

In a certain number of cases we find the following symptoms, which point to *Bryonia:* Aggravation in the evening and on *rising from bed;* pulse slightly accelerated; blood-streaked expectoration, and *external pain* at the pit of the stomach. *Bryonia* is more often useful in acute bronchitis.

China—Expectoration blood-streaked, like the white of an egg, or purulent; aggravation *at night*, and from talking; loss of appetite, pain at epigastrium, and a deep, husky voice.

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Sepia is indicated when the aggravation is in the *forenoon*, or evening, and from *the use of tobacco;* respirations increased, loss of appetite, and expectoration of a purulent or *whitish* mucus, with a saltish taste.

I shall conclude with *Hyosciamus*, although there are cases in which *Ars.-alb.*, *Cham.*, *Hep. Sulph.*, *Dros.* and *Stann.* are indicated, but I think them few in number.

Hyosciamus is indicated when the aggravation is in the evening; *worse when lying down.* The cough is dry and spasmodic, the expectoration greenish, or *pale blood;* the pain, wherever situated, is *dull;* the throat feels dry, and there is more or less thirst.

Whatever remedy is selected for the cure of Chronic Bronchitis, only one dose a day should be given; and as improvement sets in, the interval should be lengthened. I have found it more satisfactory to patients to give *sach. lacht.* those days they were to take no medicine. I am not prepared to state, at present, whether the high or low potencies are the most efficacious, but hope to be able to do so on a future occasion.

Drugs.

The effects of drugs on the human organism has not been sufficiently studied; their pernicious influence, although daily seen and felt, has not claimed that attention of the profession which it merits: a dawn of improvement in this particular is now upon the world, which, if continued, will be the means of enabling us to secure all the good without any of their deleterious effects. The preservation of the human body from disease is the chief object of medicine;—how, it is asked, can it be done without a thorough knowledge of the means to be employed for this purpose? The laws of health are easily disturbed; slight or severe indisposition results from their violation, whether from the influence of imprudence or the action of miasms—this equilibrium may also be lost by the operation of drugs or poisons. We have more control over the last-named cause of disturbance than the other two; it is true, personal indiscretions may be to a great extent avoided, they often arise from ignorance of the physical system and its capability of endurance; the same plea cannot be urged in mitigation of the misuse of drugs—they are poisonous in their nature; and while essential for the preservation of life, properly used, an opposite result will be realized when taken in quantities sufficient to produce their characteristic or primary effects on the human system. The nature of miasms is unknown, their form is too subtile for detection or analysis, their effects alone are felt and known; the amount of it necessary to produce disease, it is believed to depend upon the degree and intensity of the specific miasm. Upon this point, respecting the proper use of drugs in quantity, &c., no system of medicine has ever offered a solution of this difficult question until Homœopathy shed its light on the path of inquiry; nor could a remedy for the existing evil ever have been found in

any other way, as is proven by the history of the profession for ages past; the same darkness reigns now that has enveloped the subject from the time of Hippocrates to the present period—nay more, as the tide of speculation increased and deepened, the mind was lost in the mazy fields of its own creation; what bounds can now be set to the ocean of theories and follies which are to be found spread before the community in Allopathic works? Theory after theory rises and falls as their projectors emerge into notice and pass from the stage of action—a popular work of to-day is superseded by another of to-morrow; this ceaseless change of opinions among writers shows a want of principle—uncertainty, and rottenness. Unless there is such a governing principle, uncertainty and want of confidence will always exist and be manifested by the people—this is natural, or there would be no safeguard to health; if the means used have proved unavailing in the hour of peril, there can be no reliance on them in similar emergencies. Many of the ablest writers of the old school have already expressed a want of confidence in the usual mode of HEALING; if the voice of experience is heeded, their minds could not reach any other conclusion. Many of them, however, to support a sinking cause, still are contending against the waves destined sooner or later to overwhelm them. The relative merits of either system will be established by time; mankind are prone to adopt those measures which most contribute to their interest or the preservation of health. Although the steps at first may be slow and cautious, once convinced of the propriety of any course, they will be marked by firmness and perseverance. Although Homœopathy is in its infancy, yet it is the oldest theory of medicine now existing; while the old school has promulgated not less than two hundred. the former has never changed since its announcement, because founded upon an immutable law of nature which is unchangeable. The superstructure commenced by the great benefactor, Hahnemann, has been continued without any alteration of its wise conception; if we are guided by truth, it must forever remain the same in its course of erection and completion—of course reference is here made to the law SIMILIA SIMILIBUS CURANTUR; the details of the system must be perfected by experience, guided strictly by the above-named principle. How is it with the other school? For want of some great law by which to bind the parts together, the labors of preceding generations avail nothing towards a consummation of the desired object; if it had such a basis, the experience of former writers would tend to consolidate instead of destroying it. In asserting that our theory is the oldest to be found in the annals of the profession, it is to be understood that no other has existed for the same period without change, possessing identity of principle *now* with its first announcement to the world. We are forcibly impressed daily by the great mortality among children. An undue proportion of them is yearly cut off by the sickle of death; may not the treatment generally in vogue be the cause of it? Of this fact there can be no doubt. Why are their lives so well protected by the influence of Homœopathy? The only answer is—because the mode of practice does not break down or destroy the recuperative power of the system. In proportion as the body is weakened by drugs, in the same ratio is more firmly fixed the grasp of disease. It is surprising there are not more victims to the prejudices and practices of the usual method. The only province of the physician is to assist nature; unless there is co-operation with her in the same direction, mischief will ensue either in injury, seriously impairing the vital forces, or inducing other disorders or death.

THE SCIENCE AND ART OF SURGERY. By E. C. FRANKLIN, M. D., Professor of Surgery in the Homœopathic Medical College of Missouri.

The first volume of this splendid work has just been issued, and we regret that we have only space and time to announce the fact,

In our next number of the Observer we shall review the work.

We can and do recommend it to every one desirous of possessing a complete Surgical Work.

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THE WESTERN

HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, FEBRUARY 15, 1867. No. 2.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.

All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

GUN-SHOT WOUND.

CURIOUS COURSE OF ONE OF THE BALLS.

BY WM. TOD HELMUTH, M.D., ST. LOUIS, MO.

The literary world has been lately somewhat excited by the appearance of Charles Reade's last work, "Griffith Gaunt, or Jealousy," and more especially has the furore been made general by the criticism of *The Round Table* and the pending suit brought by the author against the "plural unit," "*We*," of the Reviewers. Griffith was a jealous monster with two wives.

"*Quod licet ingratum est*," says the proverb; and no one has better opportunity of observing the truth of the aphorism than the physician; and upon this comes the history of the case in point, which I will narrate as briefly as possible. Between the patient and his wife certain *jealousy* existed—whether founded in reason or in fact I am not prepared at this time to affirm, but certain it is, that the same unfortunate feeling which led the hero of the novel to which we have alluded, to the commission of crimes, led to the results which almost terminated in loss of life. The patient, seeing his wife in company with another man,

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attacked him in a violent manner, when the assailed party turned upon his antagonist, and drawing a revolver, shot him three times. The first ball, entering the face at the margin of the malar process of the malar bone and tearing up the masseter muscle, made its exit below the ramus of the inferior maxillary on the right side; the second bal entered the left arm near the elbow, and took a very cir cuitous route; and the third shot struck him fairly in the upper portion of the left groin, on the margin of Poupart's ligament, just below the anterior superior spinous process of the Ilium. I was sent for so soon as the patient had been brought home, which I believe was about six o'clock in the evening, but did not, from press of business, see him until four o'clock the next morning. During this time other surgeons had been sent for, and had pronounced the wounds serious, especially that of the abdomen, which was supposed to be of a fatal character. When I saw the patient, he was suffering not only from excessive pain in the abdomen, but from the effects of Morphine and Brandy; the bleeding had in a measure ceased, although there was some oozing; and there was severe pain in the abdominal cavity, with some difficulty in passing urine. The first wound that I carefully examined was that of the face. The probe passed readily through the path made by the ball, and no important structures were found to be injured. I next endeavored to trace the course of the second wound. The ball had entered above the head of the radius, passed upward and around the joint; but after some time, I was obliged to desist from further examination, from the pain occasioned by the probing, the swelling of the parts, and above all, from the excessive anxiety of the patient to ascertain whether the abdominal wound was mortal—he having been given to understand that such was the case. In this instance it was very difficult to ascertain the direct course of the bullet, from the swollen condition of the orifice of the wound, which had been rendered additionally sensitive by the constant and prolonged probing of others. One fact, however, was self-evident,

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viz., that the ball had not passed *directly* into the abdominal cavity, and that if it had, its course must have been very oblique. The patient complained during the examination of most severe pains in the abdomen, and was very faint. There was not (nor should there, if possible, ever be) any force used in the introduction of the probe, for it is by no means a difficult matter, with an instrument of so small calibre, to separate the aponeuroses of muscles, and thus make an artificial passage. What was my surprise, after very careful manipulation, to discover a passage, upwards and backwards over the anterior superior spinous process of the ilium, the probe there being arrested in its course. I then turned the patient on his face, and endeavored to trace out the course that the ball had taken; and after some time, to my satisfaction, discovered it resting against the transverse process of the fourth lumbar vertebræ. So soon as I was aware of the position of the offending substance, the patient was informed that the wounds were not dangerous, and that the ball would be extracted in a day or two: which was easily effected by a stroke or two of the scalpel. The ball that entered near the elbow, also passed round behind the joint and lodged near the external condyle of the humerus. I could never prevail upon the patient to allow me to remove it, as it gave him no inconvenience whatsoever. The course taken by balls, or indeed projectiles of all kinds, is often very remarkable; they are oft-times so peculiar, that were it not for the undoubted reputation of the surgeons who have reported them, and the facts which experience has often verified, it would lead us to suppose that the reports of such cases were the results of an elastic imagination and a love of the marvelous.

The twisting course of a ball has often been under the consideration of surgeons, and so far as I am aware, has never been satisfactorily explained.

There are on record many cases of a similar character to that here related. For instance, in the German Campaign of 1849, a ball entered in the left groin, and went out at the

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hip, (probably by the sciatic notch,) and in a few days the patient was up; in another case the ball entered above the right groin, and went out at the margin of the hip—the patient soon recovered. Roux tells of a case in which there appeared a perfect perforation of the shoulder, with no trace of fracture, yet nevertheless a line drawn between the two apertures passed straight through the head of the humerus. Dr. Hennen declares that he saw a case in which the ball entered near the thyroid cartilage, and which, after going round the neck, returned to the same point by which it had entered, and was extracted at that spot. It is needless to to multiply further illustrations. The wandering of balls is not yet satisfactorily explained, and is very remarkable in many particulars.

TUBERCULOSIS.*

BY DR. E. C. FRANKLIN.

(Concluded from page 8.)

The *curative* treatment, like the preventive, should be especially directed to the general impairment of nutrition, and through it to the more perfect augmentation of constitutional vigor.

Scrofula being a consequence of mal-nutrition, those remedies which, acting upon the processes of digestion and assimilation, improve their tone and vigor, are necessarily curative of this disease. In the treatment of scrofula, as in all chronic diseases, the greatest reliance should be placed on the higher dilutions and triturations, giving them at longer intervals than in acute diseases. On this subject, Dr. Lutze remarks: "In cases of *chronic diseases*, or diseases which rnn a long course, have existed for years, and deeply taint the organism, as deafness, blindness, gout, paralysis, old eruptions, open sores and old ulcers, fistulæ, herpes, curvatures of the back and bones, caries of the bones, *the medicine should never be frequently repeated, nor*

* From Dr. E. C. Franklin's forthcoming work on Surgery.

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should the same medicine be given twice in succession. Each dose should be allowed sufficient time to develop its full effect, since it is the subsequent action of the drug that achieves the cure."

In the earlier stages of the disease, and during the period of development, which is manifested by a swollen and even indurated condition of the lip, with emaciation, flabbiness of the muscles, distention of the abdomen, paleness of the countenance, aversion to meat and vegetables, with craving for bread and butter, molasses, sweets, etc., the following remedies have proved exceedingly efficacious, viz.: China, belladonna, ferrum, cinchona, arsenicum, silicia, calcarea, ignatia, nux vomica, sulphur, aurum, sepia, dulcamara, and oleum jecoris. In an advanced stage, and when the disease is more fully developed—with enargement of the lymphatic glands, especially of the neck; the swellings at first being soft and movable, afterward hard and fixed, and remaining painless until inflammation sets in; disorder of the stomach and bowels, showing an increased disturbance of digestion and nutrition; the symptoms of the early stage increasing and becoming more prominent—recourse may be had to rhus tox., dulcamara, conium, spongia, baryta carb., aurum-lycopodium, sulphur, iodine, mercurius, and sepia. As the dis ease progresses, the affection of the lymphatic glands increases involving the reproductive system; secondary derangement occur; the glands become more stony in feeling; new indurations make their appearance in different portions of the body, the abdomen becomes hard and distended, with more or less derangement of its functions; the mesenteric glands become inflamed and enlarged, and mesenteritis is fully developed. Conjoined with this, the conglomerate glands, parotid, sublingual and submaxillary glands, the pancreas, thyroid body, and sometimes the liver, enlarge and become indurated. Deglutition, per consequence, is seriously impeded, and dyspepsia and jaundice follow in the train of morbid phenomena. The disease, extending, involves the eyes, producing blennorrhœa of the meibomian glands, obscuration of sight, cataract, and even amaurosis. The reproductive system is more and more involved in the morbid process, the patient emaciates, disease of the pulmonary tissue takes place, with accompanying hectic, and the patient dies from exhaustion. This is the picture of scrofula when the disease runs its course uncontrolled by reme-

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dial agents. Fortunately, however, under homœopathic therapeutics this result is of rare occurrence, especially when the patient is seen in the early stages of the malady.

In the last stage, affection of the glands and derangement o the reproductive system reach the highest degree of development, affecting the bones and cartilaginous tissues, and resulting in curvature. If children are attacked, they are unable to walk unassisted, and consequently crawl or move about on their nates, the legs being bent inward. The heads of bones become enlarged and thickened, the diaphyses are thin and feeble, the legs become curved, the teeth are carious, and finally curvature of the spine sets in, with a complication of deformities. In other cases, chronic inflammation takes place in the larger joints of the body, succeeded by dropsy, anchylosis, and caries. The head also becomes involved; the fontanels remain open, the sutures of the skull widen, and chronic hydrocephalus has been developed. The child looks old and deformed—the enormously-enlarged head and abdomen are disproportionate with the rest of the body, the eyes are deep-seated, the flesh is flabby, and general decay seems to have invaded the body. The mind remains clear, and is even prematurely developed. If convulsions, epileptic fits, and spasms take place, they may be met by the use of ignatia, opium, conium, stramonium, or hyoscyamus, as indicated by the accompanying symptoms.

For the accompanying fever which generally attends this condition, as well as to cover the symptoms in their totality, there is no remedy superior to *belladonna*. It is indicated by a cachectic condition, emaciation, dry skin, distended abdomen, glandular enlargements, with bloatedness of the face and extremities. It may be followed by arsenicum, china, staphisagria, or ferrum, according to circumstances.

It is unnecessary for me to give the pathogeneses of the different remedies which have been recommended for the curative treatment of this disease. Suffice it to say, whatever remedies are used must be directed against the totality of the symptoms, with especial reference to the condition of the tissues as they may be implicated in the morbid process.

The *local* treatment consists in the application of those agents that are recommended in the local management of inflammation, modified according to the seat and peculiar nature of the

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affection. When matter forms, it should be let out in accordance with the rules laid down in treating of the more chronic forms of abscess.

The propriety of operating, whether for the excision of a tumor, resection of a joint, or the amputation of a limb, is still a vexed question among surgeons. In these cases, says Erichsen, operations should not be undertaken too hastily, too early in the disease, or especially in very young subjects. The affection being a constitutional one, it will often be found—as the general health of the patient improves by proper treatment—that the local mischief, which at first appeared of a very intractable character, gradually assumes a more circumscribed and healthy form, and in fact to a great extent undergoes spontaneous cure by a restoration of healthy action in the parts. This is especially true of young children, in whom very extensive disease of the bones and joints may often be recovered from, without the necessity of any serious surgical interference. If an operation should be entertained, it should not be attempted while the disease is still spreading, as suppurative inflammation will set up in the wound itself, involving the soft tissues and bones to an extent even greater than before, and which is impossible to heal.

In some cases of strumous disease affecting the integuments of the arm, leg, or foot, attended with great and irregular deposition of plastic material, followed by ulceration of a chronic and intractable character, amputation of the limb is the only resource. This is especially advisable when hectic supervenes in consequence of such disease, as without the operation the patient will speedily sink under the strumous suppuration.

Cholera Cases Treated Homœopathically.

We are only able to give the result of treatment by seven of our Physicians, as the others have not yet sent in their cases and treatment.

Of the cases cured, eight were given up by the "Old School" and restored by Homœopathy.

Cases....344. Cured....307. Died.....37

We hope by the 10th of March to receive the report of all of the Homœopathic Physicians, so that the full report may appear in our next number of the *Observer*.

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The Use of Mercury in Syphilis—Primary and Secondary.

BY E. POTTER, M.D., SPRINGFIELD, ILLS.

Venereal diseases, in cities and large towns, are very common, and medical men are called upon to prescribe for the different forms of the disease more frequently than any other disease incident to the human family. It is in some respects the most unpleasant disease, both to physician and patient, as it frequently sets at defiance all methods of cure, remaining a miasma to the patient and a disgrace to the skill of the physician.

Undoubtedly the condition of the system, at the time the disease is contracted, has much to do in giving form and expression to the symptoms. The general and internal treatment of syphilis is, of course, the most interesting. The different forms of mercury, as remedial agents, are immeasurably the first in importance. Of course, every physician will understand the importance of building up and sustaining the system, in secondary cases, with *Ol. Jeconsaselli* and *good* nourishing diet—diet well supplied with carbon. In primary syphilis, my experience teaches that if the system is brought rapidly under the influence of mercury, *necessarily* the disease disappears, and there can be nothing of the terrible secondary symptoms, except in cases of a scrofulous nature. I am aware that writers in our school, generally, are *afraid* of "*affecting* the system." They say—"Syphilis may be cured as thoroughly, as quickly, and as effectually, by mercury in *small* doses, as in those doses which affect the system."

I grant the rule *must* be, give all medicines in as small doses as will answer the desired effect. But, do not be frightened at *names* or *shadows*. Syphilis is an absolute poison, and must be met upon its own ground.

In secondary syphilis, I have treated case after case within the past ten years—some of them quite recently—wherein infinitessimals, in the hands of experienced Homœopathic physicians, had failed. On the 13th of February, 1866, I

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was called to visit Mrs. W., whose husband had transmitted syphilis to her ten months previously. She was treated during this intervening time by two Homœopathic physicians of large experience—one of them a Professor in a Homœopathic Medical College—with little, if any benefit. The usual remedies, in *small* doses, had been used most carefully and continuously. I found the case one of general debility, with ulcerations of the tongue and throat, and general rheumatism, very painful.

Of course a moment's reasoning, after the examination, was sufficient to tell that there was no use in a continuance of small doses. My first prescription—*Merc. dulc.* 1, gr. iij., three times a day, and inunction at bed-time, continued five days—produced decided ptyalism, which was permitted to *run* for three days, at which time *Acid. Nit.* 2 was exhibited in solution, once in four hours, then three times a day until the cure was perfected.

I wish to say, in this connection, that I have never seen a more rapid and complete convalescence in any practice The patient has remained in perfect health ever since.

I omitted to say, in the proper place, that in case of inunction, *Unguenti hydg.* My orders are, to perform thorough ablution with warm soap-suds in the morning, after each inunction.

In Vol. XII., p. 212, of the *N. A. Journal of Homœopathy*, there is a case reported, by my pen, in which I succeeded with the inunction treatment, in one of the most important and interesting cases to be found on record. In this case, all the skill of the different schools, old and new, had been expended to no purpose, and the probabilities are that inunction was the only thing known to the profession that could have availed him anything.

If, then, *Merc.* is indicated, and infinitessimals have failed after a trial of *six, eighteen or twenty months*, rather than abandon the case to linger out a miserable existence, exhibit *Merc.* in doses sufficient to "affect the system," not forgetting inunction; and gladness will spring up in the heart of both patient and physician.

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Preparation of Homœopathic Attenuations with Rain-water.

BY MAX FUNK, M.D., NEW ORLEANS, LA.

"Necessity is the mother of inventions." This practical lesson has been taught most extensively in every branch of science and business, in the Southern States of America, by the blockade during the last destructive war; it would fill a volume to enumerate and describe all the inventions, and barely to mention all the explorations and applications of heretofore either unknown or unestimated and barren resources of future wealth and prosperity; but this can of course not be our intention. Here, we have to limit our considerations to the circle of our emphatically cherished science and art of Homœopathy, and to the contribution of our own experience as an humble part of general knowledge.

We deem it expedient to state first our own position concerning the "potency question." The often with bitterness conducted theoretical disputations about "potency or attenuation?" which seem never to find an end or to come to a generally admitted result, we think to be entirely barren of practical value, since millions of cases have been cured as well by the very highest attenuations and mother tinctures, as with the low and middle attenuations, in liquids or globules, and since the highest attenuations, as well as massive doses of the crude drugs, produce *sometimes* aggravations and uncalled-for pathogenetic symptoms. But we think, that every physician who effects good cures by the higher and and highest attenuations, proves thereby to be better posted in the materia medica than one who has often to report or to complain about, or to sneer at, the inefficacy of the high dilutions, and has to descend therefore to the lowest ones, to attain *some* result. In the beginning of our practice, we have often seen striking effects of the higher attenuations, after the lower ones entirely failed, but very seldom the contrary case, and many comparative experiments have long since confirmed us as a "high dilutionist," but not as an obstinate one. We reject

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by no means the low attenuations and the tinctures even, but we do not hesitate to state that we use them only in very few and exceptional cases—for the simple reason, because we very seldom need them, since the high dilutions most generally suffice to do everything that reasonably can be expected by any medicine. And how much more convenient is it, to carry a number of *small* vials with *small globules* about one's self, in a *small* pocket-case, than the same number of *larger* vials with *liquids*, which often leak out and mix, however much attention may be given to good, tight corks! The diseases for which we sometimes descend to the *low* attenuations and mother tinctures, are generally such as those where the *high* ones produced certain nervous irritations or unwelcome pathogenetic symptoms. The attenuation which we generally used, until the last five years, was the 30th. Not long before the blockade of Galveston, where we were then residing, we had read so many favorable statements about the highest attenuations (chiefly in the "Leipziger Allgemeine homœopathische Zeitung"), that we concluded to introduce them into our own practice. But before our order for them could be fulfilled, the "4th of July," 1861, was "celebrated" by the arrival of the steamer "South Carolina" before the port of Galveston, and the four years blockade was a "*fait accompli.*" If we now would employ high dilutions, we were obliged to manufacture them ourselves. But what a large, expensive quantity of alcohol would have been required to carry even only the polychrests from the 30th attenuation up to the 100th! We were only in possession of a few quarts of good homœopathic alcohol (and of a few pounds of globules), and could not get any more for any price—I dared not therefore waste a drop of it. Distilled water was also difficult and expensive to be procured; consequently we concluded to try first, with a few remedies, whether it would not be practicable to make the dilutions from the 31st up to the 99th with pure cistern water, and only the 100th with alcohol. We commenced with Sulphur and Mercury, and proceeded in the

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following way: We measured our vials, and found them to contain about 300 drops each. We poured 3 drops of the 30th attenuation into one of them, filled it nearly full of water directly from the wooden cistern, corked it, and shook it with our right hand, in which we held it, about twenty-five times upon our knee. Now we opened the vial and poured out the contents, swinging the vial so that no more (rather less) than 3 drops remained in it, whereafter we repeated the manipulation 98 times. (We counted carefully only the *attenuations*, but not exactly *the strokes*, because we deem this not essential at all, and think it rather pedantic to lay any value on such trifles.) At last we filled the vial with alcohol, and had now the 100th dilution.

Fortunately we had, the following day, an occasion to try the effect of our 100th Mercury attenuation. An Irish woman called at our office with her baby girl, which had the mouth full of aphthæ and ulcers, and had for several days not been able to suckle. The child commenced suckling about six hours after the first dose, consisting of two small globules of *Mercurius* 100 dry on the tongue, *and was in two days perfectly cured.* If this was not satisfactory, we don't know *what* would be! With fresh confidence we returned to our tedious, but promising work of attenuation, until we had bye-and-bye prepared 75 remedies in the same way. Since that time we have never carried other attenuations about us in our pocket-case but the 100th, when visiting our patients, and, as above remarked, very seldom *needed* others. Even in the treatment of yellow fever and cholera, (which last disease, as a German writer classically expresses himself, "cares the devil about the attenuations,") the 100th attenuations had so decidedly prompt effects, that one of the nurses who attended to the sick soldiers of "Wilkes' Battery," during the yellow fever epidemic at Galveston in 1864, remarked with astonishment, "Your medicines act like witchcraft!" Amongst others, one of the soldiers, who was lying in a cold room without window-panes, which were all broken out, had caught a severe cold just in the hot fever

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during the night time, and was, when I visited him the next morning, suffering with a most severe dysentery; the nurses told me that he had passed more than ten bloody stools, with severe colic and tenesmus, and that they believed he would not live to the next evening. One dose of Mercury 100th checked the dysentery so promptly that not a single stool followed after the administration of the medicine; three days afterwards, the patient was perfectly well. The above mentioned nurse, (presently school-teacher in Yorktown, McLennan county, Texas,) Mr. Eichholz, (whom we also had cured of the yellow fever in three days, after which he visited us again in our office,) studies since that time diligently Homœopathy, and will gladly testify our above statements, which we think are sufficient for our present purpose, to state the incontrovertible fact: "*that good clear rain-water is sufficiently pure for the preparation of all intermediate Homœopathic dilutions, and that only those which are to be preserved need to be prepared with alcohol.*"

By this, our, as we emphatically assure, *truthful* statement, we hope to render a not quite invaluable service to the profession, and will find our best satisfaction when we should hear that one or the other of them were making use of our suggestion, and thereby were saving a considerable expense for such valuable article as alcohol presently is.

On this occasion we think it proper to make yet a few remarks about the durabiltty of our so ethereal Homœopathic preparations. We have met often with the idea, that it were necessary to *renew* the Homœopathic attenuations at least every five years, but we can state, that those which we use presently, and from which we made our 100th dilutions, are in our possession since 1858. We are of course very careful to pay constantly the necessary attention to them; we keep the corks always in good order, fill the vials up so often as a half inch of the alcohol is evaporated, and open them only so often as the medicated globules are used up; we use only one or two drops to medicate about one drachm of globules, which we do in vials, which are immediately

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corked and shaken, whereby the globules dry within a few minutes. But actually the durability of the attenuations is *much greater yet*, when we consider that the only reliable preparations in trade of *Lachesis* originated from the poison, which our venerated Constantin Hering gathered in South America *over thirty years ago*, and that the minutest pathogenetic effects often appear even by the application of the highest attenuations of it. So we remember to have read a statement, that the 200th attenuation of Lachesis, from Lehrmann's preparations, produced a "knocking like little hammers in the anus;" and we ourselves once experienced, after the application of a dose of the 30th attenuation, "a feeling as if the œsophagus were gone;" we felt a "canine hunger," and swallowed everything we ate without chewing it, on account of the wide empty space we felt in our throat. This proves beyond doubt an astonishing durability and indestructibility of the Homœopathic preparations. What an immense advantage over the drugs of the "*rrregularrs*"!

An Interesting Case of Chronic Amenorrhœa.

BY N. D. TIRRELL, M. D., .
Professor of Chemistry and Toxicology in the Missouri Hom. Medical College.

The subject of the present paper, Mrs. D——, is a young woman twenty-eight years of age. She was married about eight years since, or when somewhat over twenty years of age. She is about the medium height of women generally, wanting in flesh, indeed quite spare or lean, having dark brown hair, gray blue eyes, light skin; of a nervo-lymphatic temperament, and of an almost uniform expression of sadness. She feels in spirit and health as if thirty years had been added to her life since her marriage.

Before her marriage she enjoyed excellent health, had never been sick, somewhat inclined to *embonpoint*, and of an animated, cheerful disposition. During the establishment of the catamenia, she was subject to only the usual regularities, irregularities and suppressions experienced by most young girls in that period, but after this establishment she was uniformly regular

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as to time, quantity and quality, or "*had a good time,*" as she expressed it. She is the mother of three healthy children—the eldest six years of age last Christmas; it was born ten months after her marriage; she nursed it fourteen months. Between the birth of the first and that of the second child, there is an interval of two years and four months. The second child was four years old last January; she nursed it fifteen months. Between the birth of the second child and that of the third child, there is an interval of two years and five months. The third child will be two years old the twenty-eighth of May next; it has been weaned about three months, having nursed about nineteen months.

It may be observed, that between the weaning of the first child and the birth of the second, there is an interval of fourteen months. Now, if her period of gestation with the second child were normal, and it would appear to be so from the fact that it was so with the first child, there was an interval of about five months between the weaning of the first child and her conception of the second child, when the re-establishment of the catamenial flow might be reasonably expected. It may also be observed, that between the weaning of the second child and the birth of the third, there is an interval of fourteen months, as before, so that for five months we could reasonably expect another re-establishment of the catamenia, and continuing for four or five months. We have been thus minute in the relation of these particulars, that any questions that may arise in the mind of the reader may be answered.

Now, what is quite unusual and remarkable, if not extraordinary, is the fact that this woman had no return of the menstrual discharge, in either of the periods of five months above mentioned, elapsing between the weaning of one child and the conception of the following child; that is, she had none from a period three weeks after her marriage, at which time she became pregnant with her first child, until about the first of last December, an interval of about seven years; neither had she any *vicarious menstruation* of any description whatsoever; no leucorrhœa, no hæmorrhoids; no discharge either of blood or other matter from the nostrils, eyes, ears, gums, lungs, stomach, bladder, nipples, or from any part of the skin, either as perspiration, or from ulcers or varicose tumors, excepting upon one occasion about to

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be mentioned. The exception referred to is, that during the interval between the birth of the first child and conception of the second child, at the latter part of the first period of five months above mentioned, she had, what she thought, was a miscarriage after three months conception. She had no physician at the time, and as far as she knows, there was no delivery of a fœtus.

While visiting a patient in the same block of houses in which Mrs. D—— resides, I was requested to call and see her professionally. This was October 16th, 1866. I found her very much emaciated, especially her face, the cheek and jaw bones being covered with but little more than skin; extremely pale and excessively weak, being unable to stand without supporting herself, but pursuing her usual household duties as far as possible. She had no appetite, though food was not disgusting to her; taking as nourishment daily but little more, if any, than a single slice of bread with a cup of tea. Even this small quantity of food distressed her somewhat, for it seemed to be arrested in its progress to the stomach at the lower part of the œsophagus, just above or at the cardiac orifice. If she partook of more nourishment than above mentioned, it distressed her proportionally more; there was considerable tenderness in the epigastric region upon pressure; a bearing down sensation in the lower part of the abdomen; pain in the small of the back, bowels more or less constipated; more or less palpitation of the heart; the tongue slightly coated white.

We diagnosed the case as one of derangement of the digestive and assimilative functions; and that she was actually starving to death, with plenty of food about her; that she did not take nourishment, or assimilate nourishment enough to renew the waste of tissue, or to supply muscular power. Whatever may have been the cause of the amenorrhœa previously, it was evident that want of sufficient nourishment was the cause now; and that Nature, generally economical of blood, could not permit any to be wasted, as it were, in any catamenial discharge or vicarious menstruation. It was evident that to prevent her from dying of starvation, or from disease arising from want of nutriment, and to restore the long suppressed menstrual flow, that the digestive and assimilative functions must be restored to their normal condition.

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I prescribed *Bry.* in sac. lac., saturated with third dilution, in the morning at rising; *Ant. crud.*, first trituration, at noon, an hour before eating, and *Nux vom.*, third trituration, at night before going to bed; and this every day for two weeks. I directed her to take generous diet as soon as she could without feeling distress, and as often as possible; also as much beef and mutton as was agreeable.

Oct. 30. Much better; appetite much improved; eating her food with much more relish than she had experienced for years before, with no accompanying distress; no tenderness in the epigastric region; no palpitation of the heart; no pain in the small of the back; bowels regular; more cheerful; strength much increased; evidently gaining flesh; but the bearing down pain in the lower part of the abdomen as before. Substituted *Bell.* 3d for Bry., and continued *Ant. crud.* and *Nux vom.*—to be taken every alternate day, and as before. Left a few doses of *Sul.*, 3d trit., to be taken the next two days.

Nov. 14. Much better; appetite still improving; still gaining flesh and strength; feels better than she has for years. She said to me, with a smile, "Doctor, they haven't come yet," alluding to the monthly flow. Upon inquiry, I ascertained that she had a leucorrhœal discharge, which I thought promised the restoration of the catamenia. Discontinued all the medicines, leaving powders of sac. lac. to be taken as before.

Dec. 3. Visiting my patient before mentioned residing in the same block, I heard from her that Mrs. D—— had had a return of the long suppressed monthly flow. I called to see Mrs. D—, but found that she was not at home, being engaged in superintending the accouchment of her sister, residing in the northern part of the city, and consequently taking too much exercise for one in her situation I saw her a few days after, and learned that the discharge was copious, and that she suffered much, but that it had now ceased. Left *Borax*, 1st cent. trit., a powder, to be taken every alternate day until the next monthly turn might be expected.

The next turn came on at the proper time, rather too copious and somewhat painful. Left *Cal. carb.* 3d trit., a powder to be taken every third day until the next monthly turn, which I expect will take place in about two weeks.

It remains to be seen whether the above can yet be regarded

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as a re-establishment of the menstrual flow; it may be doubted whether the two returns, normal as to time and quality, and not very abnormal as to quantity, are not coincidences. We shall watch the case with a good deal of interest, and in either event will inform the readers of the *Observer*.

Cough Treated by Inhalation.

Case I.—Mrs. B—— applied for treatment for a cough which had troubled her for four or five years, coming on at first appearance of cold weather in the fall, lasting all winter, to disappear in the spring until cold weather again set in. It was a constant hacking, excited by cold air, tickling in the throat pit, expectoration of tough, stringy mucus, occasional pain in the chest and between the shoulder-blades, but in the bronchia there seemed to be more of a feeling of soreness than pain, with gurgling sounds at every inspiration. In damp, heavy weather the cough is worse, frequently keeping her awake at night, and deranging digestion by severe efforts to detach the mucus clinging to the sides of the air tubes. She was ordered to inhale *Oleum Terebinthæ*, one drachm to two ounces of water, night and morning, and report at the end of a week. This she did, with much joy at the improvement in her condition. Her cough was better; did not trouble her at night; slept well; appetite very much improved, and had gained one pound of flesh. The inhalations were continued for six weeks, which had entirely cured the cough, and at present—three months since—she has remained perfectly well.

Case II.—Reuben R—— took cold in November last, which resulted in soreness of throat, fever, headache, cough, pains in chest, and deranged digestion, which in a few days, under common domestic remedies, disappeared, leaving only the cough, which has seemed to get worse under every treatment. On the 15th of December last he applied for Homœopathic treatment, presenting the following train of symptoms, viz.: Severe paroxysms of coughing every half hour, terminating in free and copious expectoration of a white, frothy, gelatinous mucus, and accompanied with considerable pains in the chest behind the sternum of a burning character, and oftentimes with vomiting of the food if the paroxysm occurred soon after a meal; a loud

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rale is heard at the bifurcation of the trachea on auscultation, and is also heard by the patient, especially in the morning. A solution of *Tartar Emetic*, two grains to one ounce of *aqua pura*, was prescribed, and the patient ordered to use by inhalation three times a day. After the second application he had no more vomiting, the cough and expectoration decreased, and fourteen applications cured him entirely without the use of any other medicament.

THE SCIENCE AND ART OF SURGERY. By E. C. Franklin, M.D.

In the first forty pages of this issue we have "a brief historical sketch of Surgery from the earliest period to the present time."

The profession will undoubtedly, on reading these pages, award to Professor Franklin their sincere thanks for so satisfactory and complete a history of Surgery as he has furnished.

From the early dawn of Surgery, for more than three thousand years, we have a regular chain—link after link is furnished through all the long ages of the world, until we are brought down to the present astonishing improvement in the Science and Art of Surgery.

From the 40th page to the 60th, we have a lucid exhibition of the "Modifications of healthy nutrition," "Outlines of the normal nutritive process," and "Surgical Semeiology."

From the 60th to the 193d page, we have "Bandaging, and other points of Minor Surgery," illustrated by 145 cuts, showing the many and beautiful appliances used in the present advanced state of Operative Surgery. To the medical student and to the surgeon, we doubt whether there is any part of this valuable work more interesting and important.

In Part Third, "Inflammation and the diseases arising out of the inflammatory process," is fully and ably treated. In the second chapter of this Third Part we have a fine illustration by plates of the different kinds of ulcers and their treatment.

Part Fourth treats of "Disorders from perverted nutrition," including Tuberculosis and Venereal diseases, with very fine plates illustrative of the character of these affections.

We consider this work a valuable addition to the profession and to Homœopathic literature.

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ALLOPATHIC LOGIC.

THE treatment which Homœopathy has received at the hands of Allopathists, is no small argument in its favor. Hahnemann in breaking loose from the trammels of the schools, and in founding a new mode of practice, was met, as his disciples have been, with the assaults of false reasoning, and of wit more innocent of point than scurility. Nor were civil persecutions wanting in those countries where such things could be done;—in others, Medical Societies have fulminated their noisy but harmless bolts at these luckless heretics, vainly endeavoring to thrust Homœopathists from the pale of the profession, and to deny them its rights and privileges.—But who has yet showed Homœopathy to be false? We appeal to facts: we base our assertions upon experiments, and if our assertions are false, it is easy to prove them so by counter experiments. We assert that certain medicines given in health will produce certain symptoms in the diseased system. We point to numberless experiments, made with the greatest possible care, by practitioners in all parts of the world during the last fifty years, as confirmation of our assertions, and how are we met? One Society has it thus:—

"*Resolved,* As the sense [?] of this Society, that we consider the treatment of disease by the system of practice called Homœopathia, as unsafe, undignified, and unworthy of the present enlightened state of Medical knowledge."

What does this prove? That Aconite does not cause symptoms very like a fever, when administered to a person in health? Or does it prove that the same Aconite given to a person in a violent fever, will not check the fever and restore the patient to health? Or that if given in an infinitesimal portion, it will fail to produce a beneficial effect? Not at all. It merely proves that those who passed such resolutions were ignorant of the principles of Homœopathia, and unwilling to examine them: hence are guilty of a course which is "unsafe, undignified, and unworthy the present enlightened state of Medical knowledge," in that they have condemned that of which they are totally ignorant, like the venerable justice who would never hear both sides of a case, because he always got confused if he listened to the second party.

SOPHISTRY is like a window-curtain; pleases us as an ornament, but its true use is to keep out the light.

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THE WESTERN
HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, MARCH 15, 1867. No. 3.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.

All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

TO OUR READERS.

We think it proper to state, that we do not hold ourselves responsible for any views contained in any communication which may appear in the OBSERVER. To those who may not agree with the sentiments of any writer, our columns will be open to criticism or review, if it be done in a kind, gentlemanly and dignified manner.

Our journal has been enlarged by an addition of eight pages. The great increase of matter demanded an enlargement, and we trust our readers will have their interest proportionally expanded. It is the intention of the Society, as soon as expedient, to add an additional eight pages, thus giving a thirty-six page journal.

DR. CROPPER'S excellent article, "*On the Means of Promoting the Interests of Homœopathy*," has been received, and will appear in our next issue. We regret that want of space prevents its appearance in our present number.

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The Well-Water of St. Louis and other Great Cities: Its Relation to Endemic and Epidemic Diseases.

BY N. D. TIRRELL, M. D.,
Professor of Chemistry and Toxicology in the Missouri Homœopathic College.

Theories respecting the cause of the Cholera, its transmission from one infected district to another not infected, its pathology, and its cure, have been suggested—even demonstrated; their number is immense, not to say infinite; but most if not all of them are ephemeral; those of to-day pushing aside those of yesterday, to be in their turn thrust out by those of to-morrow. But how much soever the medical profession may differ as to the above named points, there is much uniformity of belief, as to the injurious influence of the matter of which the dejections of the Cholera patient are composed, whether in the sick room or otherwise. Whether it has the property of multiplying itself within the human organization, like a ferment, or like the virus of the exanthematous diseases, is uncertain, but is extremely probable. That it must somehow multiply and increase, is believed by those who believe that the cause of the Cholera must be sought for in matter possessing a high degree of potentization. A theory has been suggested by some physicians, amongst the most prominent of whom is Dr. Snow of London, that the poison is not only taken into the lungs by the ordinary process of respiration, or absorbed by the skin, but that it is swallowed with the food we eat, or the water we drink. As the rice-water secretions are colorless and inodorous, he contends that they adhere to the food during its preparation, from the imperfect manner of washing the person, especially the hands, of those who have been in attendance upon Cholera patients, or engaged in washing the clothing or vessels which have been contaminated by their dejections; or that in some way it may enter into the water which is supplied to the inhabitants by the water companies, or that drawn from wells in districts in

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which Cholera prevails. Be this as it may, it is absolutely certain that the water supplied to the inhabitants of London does habitually contain particles of human odure, which are rendered quite visible by the means of the microscope. Dr. Snow has shown that an outbreak of the Cholera in Soho was fairly attributable to the water of a certain well, into which contaminations from a neighboring sewer freely entered. If any converse fact could add any strength to his opinion, it may be had in a fact cited by one who fully believes in Dr. Snow's theory: "Bethlem Hospital, and an asylum for children called the House of Occupation, stand near together on an open space of ground between fourteen and sixteen acres in extent, lying in the parish of St. George, Southwark. Being dissatisfied with the water supplied by the Lambeth Company, the Governors some thirty years ago sank Artesian wells on the premises, and the water thus procured is used exclusively in the two institutions, which number between them about seven hundred residents. There has not been a single case of Cholera in the Hospital, or in the House of Occupation, in any of the three epidemics, although the disease has prevailed extensively in the parish, and in the streets of their immediate vicinity." The Board of Health, incited by the facts asserted to exist by Dr. Snow and other believers in his theory, instituted an inquiry, the result of which was confirmatory of this theory. One Mr. Simon reports, that the population drinking dirty water appears to have suffered three and one-half times as much mortality as the population drinking other water.

Now if the above is applicable to the water of the city of London, it applies with much more force, we contend, to some of the water consumed by the inhabitants of St. Louis. The water rate of St. Louis is avoided as much as possible by the poor, by resorting to wells in the vicinity of their residence, more or less remote. It is the object of this paper to show that such water can scarcely escape being contaminated, and that it is utterly unfit for the drink of man, or for the preparation of his food, especially at a time when Cholera is prevalent.

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Every one has observed a peculiar property of the clay underlying our city, that it splits into pyramids more or less regular, standing in a perpendicular position, some with their bases upward, others with their bases downward; or into prisms more or less regular, also arranged perpendicularly; and that between these pyramids or prisms there are crevices or fissures, affording a passage more or less free to surface water. This fact may assist in explaining why it is that during the copious and long continued rains of spring and fall, cellars are more or less penetrated by the water, though often above the grade of the adjacent streets and sewers; this water is often observed to run out with almost as much facility as it runs in. Beneath this clay, at a varying depth, but usually from twenty to fifty feet, is found the limestone rock, upon the surface or in the crevices of which the water finds its way to a lower level, which may be a well whose bottom is on the rock, or one sunk a few feet into it. This clay does not and cannot act as a filter for the water, since it readily absorbs water, or is dissolved in the water and converted into mud, conditions that prevent it from acting as a filter. There can be but little doubt, then, that much of the surface water, with its countless contaminations, has an access more or less free to our wells, the water of which is used by man for drink and domestic purposes.

In all great cities where coal gas is manufactured for illuminating purposes, the surface of the earth to the depth of several feet is mixed, in some instances to a point of saturation, with this deleterious compound gas, which is readily absorbed by the surface water in its passage to the rock below. It is true that much of the impurity of well water, derived from this source, is removed by boiling; but boiled water constitutes but a small portion of the drink of the inhabitants of this city, especially in hot weather, when pure and cold water is so desirable and important.

Again, it is well known that the walls of privies are built of bricks without cement or mortar, and are purposely laid in such a manner that the interstices are the largest possible,

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to secure the permanency of the wall. This is done that the liquid contents of the vaults may pass out into the surrounding clay and thence to the rock beneath, leaving only the more solid matter; but this solid matter even undergoes fermentation and decomposition, assisted by the water present and the heat of the atmosphere, and is soon reduced to a liquid condition, and it in time also finds its way to the surface of the rock beneath. The same remark applies, though with less force, to the contents of sewers, a portion of the contents of which cannot fail to pass through the porous bricks, or through the interstices when not laid in cement, or through fractures which exist here and there.

Consider, too, for a moment, that Mill Creek, running across the centre of the city, its channel filled with putridity black as the Stygian Pool; and consider for a moment, that other stream running across the northern part of the city, the Rocky Branch, the general receptacle of all the nameless and unnameable contaminations originating on its banks. Consider for a moment the depressions in the general surface of our city, always containing water, gradually being filled with the *slough* of a great city. Consider all these things, and after do not wonder that the Cholera and kindred diseases decimate that portion of our population who drink well-water; do not wonder that disease is originated or intensified in such localities. Is it not terrible, horrible, to think that this well-water *must* contain human odure in large quantities? In how many hours after the dejections of a Cholera victim are thrown into a privy, do they find their way into the water, which ought to give health to the thirsty, rather than disease and death? How much poison, leaking from the gas-pipes, is contained in every draught of well-water? How much decomposing animal and vegetable matter, with which our numerous sink-holes are reeking, is contained in a tumbler of well-water? How much poison from the shambles, glue, soap and mineral oil factories and chemical works is taken by him who seeks for a wholesome draught at one of these wells?

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In one family, whose medical adviser and attendant I was during the past summer, I observed a constant tendency to attacks of cholera morbus, diarrhœa and dysentery. With the ideas in my mind I have here endeavored to set forth, I enquired whether they were not drinking well-water, and was answered in the affirmative. Upon examination of the premises, I found that within less than twenty feet of the well there were two privies; and within a radius of one hundred feet or less there were several others. I ordered the discontinuance of the water of this well for all domestic purposes, with the result of the discontinuance of the above mentioned tendency to intestinal derangements. Two of the three deaths by Cholera that occurred in my practice, may be fairly attributed to the drinking of water from a well into which the water (?) from the Mill Creek could easily penetrate.

In view of these facts, I would earnestly recommend the discontinuance of water from these sources of death. Water as pure as possible should be supplied without stint to the poor of our city, at all times, and especially during the heat of summer, when cleanliness, so essential to health at all times, becomes many times more necessary. The poor should not be fined for *stealing*, as it is called, water from a hydrant. Landlords should be required to furnish a thorough supply to all tenants whose means prevent them from paying the rates. The hydrants, in districts where Cholera is prevalent, should be free or nearly so, and not secured by a lock, or fear of a fine. Wells should be filled up or boarded up, or otherwise secured from scattering its terrible poisons. We might, it is true, lose some of the revenue derived from water licences, but should we lose one-tenth part as much as we have lost in burying the Cholera dead of the last year? Can any one calculate the pecuniary loss that our city suffered during the prevalence of the epidemic last August and September? How many millions of dollars, that otherwise would have been spent at home, were spent in the East by the thousands who fled from the city before

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the Cholera reached us? How many thousands were spent by those who took up a temporary residence in neighboring towns, as soon as the disease became an epidemic? How many millions in the way of trade were diverted and are diverted from St. Louis into other channels? How many valuable lives, valuable and dear to somebody, the bone and sinew of our city, were destroyed? How many years has St. Louis been set back by that single epidemic? How many years will it take to place St. Louis at the very top of the list of the healthiest cities of the world, if these epidemics are *allowed* to prevail? There were but fifty-seven interments in our city last week (ending March 1), of which ten were stillborn. Can any city of upwards of 250,000 inhabitants furnish a parallel? It is evident, then, any process that compels the poor or others to consume well-water, and that does not furnish them wholesome water in abundance as free as the air we breathe, is a "penny wise pound foolish" system; that such a process is a perfect exemplification of the old saw of "securing the tap, but letting the liquor escape at the bung-hole."

In conclusion, I will cite a portion of the Report of the Registrar General of London recently made: "In London the Cholera has not only been less fatal than it was at any previous epidemic, but its fatality has been reduced almost to insignificance, in several of the districts, by the mere force of hygienic science, before which the destroyer has retreated step by step; never, however, losing an opportunity of asserting its full power wherever negligence or ignorance presented an opening, either in England or in the cities of the continent of Europe. Cholera obeys certain laws; and the knowledge of those laws renders its subjugation in Europe practicable, provided all the people, as well as the Government, will co-operate in the work."

WHENEVER we drink too deeply of pleasure, we find a sediment at the bottom of the cup, which embitters the fine draught we have quaffed with so much avidity.

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ASTHMA.

BY TEMPLE S. HOYNE, M.D., CHICAGO.

Asthma is, strictly speaking, an "obstruction of the smaller bronchial tubes from tonic spasm of the unstriped or organic muscular fibres forming a part of the anatomical constitution of the tube," or: "Asthma may be defined as being—great difficulty of breathing; occurring in paroxysms; accompanied by a loud wheezing sound of respiration; going off, after some hours, with more or less mucous expectoration; and unattended with fever. And these paroxysms of dyspnœa are believed to depend upon a spasmodic constriction of the bronchial tubes." "The seizure itself is the expression of perverted nervous action, but there are generally permanent conditions present, such as organic disease of the brain or medulla oblongata, of the heart, or of the lungs, which act as constantly predisposing causes to these seizures, and lead to attacks either by direct irritation of the pneumogastric nerves, or through the medium of the reflex system."

There seems to be a difference of opinion regarding the cause of asthma, the first two authors quoted believing it to be simply a neuropathic affection, possessing no anatomical characters, and the third believing that it always possesses anatomical characters. I agree with the former, that the disease *does exist* without any appreciable lesion, not denying that organic disease of the brain, &c., may produce it.

The paroxysms usually occur during the night or early in the morning—between three and five. The patient is often able to predict an attack, some hours beforehand, by the following precursory symptoms, viz.: languor, flatulency and faintness, headache and a feeling of heaviness over the eyes, uneasiness about the precordia, sense of fullness at the epigastrium, palpitation of the heart, sometimes depression, at others excitation of the mind, itching of the skin, and a husky feeling in the throat. Sometimes the feelings are indescribable, but their signification is well known to the sufferer. The paroxysms are sometimes developed slowly, and at others very suddenly—in the great majority, I think, the paroxysm comes on slowly.

The exciting causes are as various as numerous, the principal

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being, sudden or violent emotions, fatigue or physical exhaustion, gastric irritation, smoke, dust, fog, smell of hay, and ipecac. In some cases there is no apparent reason for the attack. The suppression of cutaneous eruptions, and the metastasis of rheumatism or gout, has been known to produce an attack of asthma.

The paroxysm is characterized by a tightness and constriction of the chest, and "laborious efforts at breathing, prompted by a painful sense of the want of air." The patient cannot lie down in bed, as its warmth excites increased secretion of the mucous follicles, thus blocking up the air passages more completely, and causing the paroxysms to be more frequent. He sits resting his elbows on his knees, or paces the room with the head thrown back, and the mouth open, endeavoring, by every possible means, mechanically to expand the chest. The number of respirations are not materially increased—inspiration spasmodic—expiration prolonged. The patient cannot speak, or speaks slowly and one word at a time. Cold air affords slight relief, but the slightest draught cannot be borne. Face pale, sometimes bloated, and of a cyanatic hue. Pulse small and feeble, or irregular; skin cool, especially of the lower extremities; nostrils dilated, eyes staring, countenance anxious or depressed—in fact, the patient's appearance is so distressing that he often seems to be dying. Sometimes the body is bathed with a cool perspiration, at others warm, due to the laborious efforts at respiration. Auscultation reveals the absence of the respiratory murmur, and the presence or existence of a wheezing sound or sonorous or sibilant rales. Dr. Salter first observed an itching sensation on the chin, sternum, or between the shoulders, which is not relieved by rubbing. The urine, at the commencement of an attack, is generally abundant and colorless, but towards the termination of the paroxysm is often dark, and scanty, and in rare cases, suppressed.

A paroxysm may last from a few moments to several days. After the paroxysm is over, there is generally cough, with the expectoration of small mucus pellets of a jelly-like consistence, or light frothy mucus, or the expectoration may be blood-streaked, and in a very few cases a true hemorrhage takes place. Loss of appetite, and an irregular state of the bowels, is not unusual after a severe attack.

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The paroxysms recur ragularly—the intervals during which the patient enjoys good health differing in different persons; some recur every day, some every week, and others only once a year. The paroxysms may recur irregularly, when the patient is exposed to the exciting causes mentioned above. Asthma is generally of hereditary origin—males being more liable to it than females. For the benefit of the afflicted I will state, that the best authorities agree in saying that asthma, uncomplicated, never kills, and that asthmatics llve to a good old age. Dilation of the air cells takes place after a time, but this dilatation does not seem to interfere greatly with their normal action.

Dr. Salter classified asthma as follows, viz.: 1st class or form, "Those cases in which the exciting cause is manifest, the lungs seeming to be mainly or alone concerned, as asthma from fog, smoke, hay, ipecac, atmosphere, &c." 2nd class, "Those cases which are due to reflex action, as asthma from error in diet, from the irritation of a loaded rectum, or uterine irritation, sudden application of cold, from mental emotions, &c." 3rd class, "Asthma complicated with bronchitis, heart disease, or emphysema."

This seems to me the best division yet made, and still it does not seem to cover the whole ground, for occasionally we meet with a case where the exciting cause is not manifest, where the disease is not complicated with bronchitis, carditis, &c., and is not due to reflex action, that is, as far as we can learn from the patient.

Is asthma curable? The old school have cured a great many cases by the use of emetics, counter-irritants and antispasmodics, but the proportion of cures to the number of cases treated is infinitesimally small. To Homœopathy was reserved the honor of successfully combating the majority of cases, which had not grown old under the emetic treatment.

It will be impossible, in the pages of this journal, to give indications for all of the remedies that have been used in this disease. Only those remedies which are used frequently in asthma can be given. To avoid repetition, I shall compare the symptoms of each remedy with those of Aconite.

Aconitum nap. will be found of benefit in dark haired, plethoric persons, who lead a sedentary life; in those cases

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where the attack follows the suppression of an acute rash, and in those cases which present the following symptoms: a small intermittent or irregular pulse, coated tongue, eyes staring, respiration oppressed, palpitation of the heart, the muscles of the chest are rigid, the face is red, the forehead bathed in perspiration, occasionally vomiting, and the urine scanty and dark. The patient is anxious, irritable and peevish, can talk but little at a time, is averse to motion, and complains of a band around his chest. After the paroxysm, the expectoration is blood-streaked or yellow. Aggravation in the spring, dry weather, after eating, from talking, during inspiration at night and during sleep, that is, he is generally awakened from sleep by the paroxysm. A much more useful remedy is Arsenicum album, especially in anæmic persons. Sweat on lower part of the body, in Aconite it is general over the whole body. The face is pale, the pulse quick, small and weak, and the patient complains of dust in the lungs and throat. The expectoration is frothy, with a saltish taste. Cold water or ice applied to the throat ameliorates.

Arnica differs from Aconite in the following symptoms: inclination to move, sleeplessness before midnight, (Aconite, sleeplessness after midnight,) and the patient appears to be dying. Arnica is rarely used.

Argentum has been used with success in several cases, where the attack comes on in the afternoon; sweat on the upper part of the body, frequent and copious urination, and almost constant expectoration.

Aurum is indicated in light haired persons, especially the subjects of an active mercurial treatment, when the attack comes on in the morning, and the face becomes cyanatic. Aggravation in wet weather and warm air.

Baryta will be found useful in old people, especially fat people, with light hair; aggravation same as Aurum; frequent and copious urination.

Belladonna is indicated when the paroxysm comes on in the afternoon or evening. The patient complains of a sensation of dust in the lungs, (similar to Arsenicum, but Belladonna is more applicable to plethoric and Arsenicum to anæmic persons.) Better when bending the head back, and when holding the breath. There is usually sweat on the upper part of the chest.

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A spoonful of wine frequently ameliorates when Aconite is indicated, but when it aggravates Belladonna is the remedy, if the other symptoms correspond.

Asthma coming on in the evening, or in foggy weather, in light haired persons, with a tendency to constipation, indicates Bryonia. The respiration is quick and deep, without motion of the ribs. Better in the cold air and from drinking cold water.

Calcarea carbonica has been used in asthmatics of a scrofulous diathesis, very often with success. The indication is somewhat similar to that of Bryonia. The attack comes on *early in the morning*, the muscles *are not rigid*, and the sensation of dust in the throat and lungs is generally present. The other symptoms correspond to those of Bryonia. The asthma of old people, especially inveterate cases, requires Carbo-veg. when the attack comes on early in the morning. The prominent symptoms are appearance as if dying, increase of saliva, and better in cold air. The symptom, "appearance as if dying," indicates one of these five remedies, viz.: Aurum, China, Coffea, Opium and Carbo-veg. The totality of symptoms must decide which is the appropriate remedy.

When an accumulation of flatus seems to produce the attack, Chamomilla is the remedy. There is an inclination to be constantly moving, the upper part of the body is covered with sweat, the face of a reddish color, and the urine pale. Better from bending the head back, in cold air, and drinking cold water. Worse in dry weather, and from warm diet.

China, as stated above, is indicated when the patient appears to be dying. Its chief use is in debilitated persons, inclined to flatulency, and diarrhœa. The more prominent symptoms are, sweat of the upper part of the chest, inclination for motion, and increase of saliva. The paroxysms come on in the *fall*, wet weather, and after midnight.

Coffea is another good remedy for the morning paroxysms. The patient wants to be continually moving, urinates frequently and a large quantity at a time, and fears death during the paroxysm.

In rare cases Conium is undoubtedly a valuable remedy. Acts with better effect on light haired persons. Principal symptoms: face of bluish-red color, urine pale, and sweat on the lower part of the body. Paroxysm apt to come on in wet weather.

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Occasionally we meet with a case requiring Cuprum Metallicum. The pulse is slow and weak, the face of a bluish color, urine dark and scanty, and inclination to be constantly moving about. More suitable for light haired persons.

Digitalis is indicated in those cases where the respiration is slow, pulse slow or intermitting the third, fifth or seventh beat; face of a bluish-red color, sweat on the upper part of the body, and tendency to diarrhœa. The paroxysms come on early in the morning, especially in cold weather.

Hepar Sulphur must not be forgotten in those cases which awaken the patient from a sound sleep. During the paroxysm the face becomes blue, the saliva is increased, and the patient complains of dust in the lungs. Smoking (tobacco) and throwing the head back ameliorate. The expectoration after the attack is frothy.

Ipecac is suitable for recent cases, where the patient is awakened from a sound sleep, with a sensation of constriction in the chest and larynx. He is irritable and peevish; the face is red or cold and pale, respiration quick and rattling, and pulse small.

Ignatia differs from Aconite in the following symptoms: It is suitable in anæmic persons of a hysterical diathesis (if I may so call it), when the attack comes on in the day or evening before midnight. During the attack the face is livid, the saliva is increased, the urine pale and copious, often passed involuntarily, the abdomen bloated, and a partial sweat covers the chest. Cold air seems to relieve.

Kali-carbonicum is frequently of great service where there is an aversion to being alone, or to the open air. More or less perspiration on the upper part of the body, increased by motion, and a dry, harsh respiration, are the prominent symptoms. During the paroxysm, in addition, the patient is anxious and peevish, the face pale, the saliva increased, and the urine scanty.

Hartmann says: "Asthmatic paroxysms originating from the inhalation of the vapor of arsenic, are removed by no remedy with more certainty than by Mercurius 3d in repeated doses." Mercurius is also of great benefit in those cases where smoking (tobacco) and cold air lessen the violence of the attack.

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Moschus is laid down by a few authors as a remedy for acute asthma in hysterical females, and in children from exposure to cold. It is indicated in anæmic persons when the paroxysm comes on in the afternoon.

Nux Vomica is indicated if the attack, which takes place in the morning, is preceded by anxious dreams. The patient complains of a feeling of distention in the abdomen, palpitation of the heart, and a tightness across the lower part of the chest. The face is red, the urine pale, the expectoration yellow or frothy, and increase of saliva during the attack.

Opium—Pulse full and slow, respiration slow and loud, face of a bluish color, extreme anguish from dread of suffocation, and appearance as if dying. Slight relief is afforded by cold air and by bending the body forward. Aggravation from eating, from wine, and from smoking.

Pulsatilla is suitable for those cases where the attack arises from deranged menstruation, especially in mild, sensitive or fretful persons. The pulse is quick, small and weak, the face pale or red, and a suffocative feeling in the windpipe is generally experienced. The cough is followed by a copious expecteration of frothy mucus.

Spongia meets the following symptoms: Attack comes on in the afternoon, the face red, eyes staring, respiration slow, urine pale, expectoration blood-streaked or yellow.

Sulphur meets those cases occurring in persons of a scrofulous diathesis, who are subject to constipation; diarrhœa, or alternating constipation and diarrhœa. The attack comes on during sleep or in the evening, with a feeling of tightness across the chest, and a sensation of dust in the air passages. The attack is often brought on by exposure to a smoky atmosphere.

Thuja has been used in asthma when the attack comes on in the afternoon or after midnight. The face during the paroxysm is red, the urine too copious, and often is passed involuntarily. Relief is afforded by throwing the head back and by cold drinks.

Veratrum album is indicated in inveterate cases when the attack occurs in damp cold weather, early in the morning. Prominent symptoms are coldness of the nose, ears and lower extremities, cold sweat of the upper part of the body, vomiting, inclination for motion, and amelioration from throwing the head back.

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Allopathic authorities relate several cases cured by Acetic acid. It is homœopathic when the respiration is labored and hissing, rattling in the throat, nervous excitable mood, shooting pains in the temples, cramps, cold hands and feet, skin cool, dry cough, face pale, and free discharge of pale urine.

Tartar Emetic, Sambucus, and Cannabis, have also been used in asthma with more or less success. The trouble, I think, in curing this disease is, that the physician will not pay sufficient attention to the little details I have enumerated under each remedy. For convenience I make the following

RESUME.

Light hair—Aur., Bary., Bry., Calc., Cham., Coff, Con. Cupr., Dig., Ipec., Merc., Op., Spong., Thuj., Verat.

Dark hair—Ac., Arg., Ars., Bell., Carb. Veg., Chin., Kali, Mosch., Nux-v., Puls.

Plethoric persons—Ac., Aur., Bell.

Anæmic persons—Ars., China, Ignat., Mosch.

Aversion to motion—Ac., Ars., Bary., Carbo-v., Dig., Ignat., Merc., Nux-v., Puls., Thuj.

Inclination for motion—Arn., Cham., Chin., Coff., Cupr., Mosch., Verat.

Face pale—Ars., Chin., Ipec., Kali, Mosch., Sulph.

Face red—Ac., Bell., Bry., Bary., Cham., Ignat., Ipec., Merc., Mosch., Nux-v, Op., Puls., Spong., Thuj.

Face blue—Aur., Con., Cupr., Dig., Hep., Ignat., Spong. Samb., Verat.

Face bluish-red—Bell., Bry., Con., Cupr., Dig., Ip., Samb.

Respiration anxious—Ac., Arn., Ipec., Puls., Thuj.

Respiration slow—Dig., Op., Spong.

Respiration quick—Ac., Bell., Carb.-v., Cupr., Ipec., Merc., Sulph.

Respiration with mucous rattle—Cupr., Hep., Mosch., Op.

Respiration loud, without mucous rattle—Cham., Chin., Kali, Op., Samb., Spong.

Respiration quick and deep, without motion of the ribs—Bry., Ipecac.

Worse during inspiration—Ac., Bry., Arg., Arn., Calc., Cham., Ipec., Kali, Merc., Spong.

Worse during expiration—Dig., Ipecac., Puls.

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Worse from holding the breath—Merc.

Better from holding the breath—Bell.

Pulse full—Ac., Aur., Bell., Bry., Cupr., Dig., Mosch., Op.

Pulse hard—Ac., Arn., Bell., Bry., Chin., Cupr. Dig., Hep., Ignat.

Pulse slow—Bell., Con., Cupr., Dig., Op., Verat.

Pulse soft—Ac., Carb.-v., Cupr., Merc., Verat.

Pulse quick—Ac., Ars., Puls.

Pulse small—Ac., Bell., Cham., Chin., Carb.-v., Cupr., Ipec., Kali, Merc., Op., Puls., Samb., Verat.

Pulse intermittent—Ac., Chin., Dig., Bry., Hep., Kali, Op., Samb., Sulph.

Pulse irregular—Ac., Chin., Dig., Ars., Bry., Hep., Op., Sulph., Verat.

Sweat on the upper part of the body—Arg., Chin., Cham., Bell., Dig., Ipec., Kali, Verat.

Sweat on the lower part of the body—Ars., Con.

Sweat increased by motion—Kali, Spong.

Increase of saliva—Arg., Carb.-v., Chin., Dig., Hep., Ignat., Ipecac., Kali, Merc., Nux, Puls.

Decrease of saliva—Ac., Arn., Ars., Mosch., Op., Spong., Sulph., Thuj., Verat.

Eyes protruding—Ac., Spong.

Eyes sunken—Chin., Cupr., Nux-v., Sulph., Verat.

Expectoration blood-streaked—Ac., Bry., Chin., Spong.

Expectoration yellow—Ac., Calc.-c., Nux-v., Puls., Spong.

Expectoration frothy—Ars., Hep., Nux-v., Puls.

Expectoration constant—Arg.

Urine too copious—Arg., Bary., Coff., Ignat., Merc., Thuj.

Urine too scanty—Ac., Arn., Aur, Bell., Bry., Calc., Carb.-v., Chin., Cupr., Dig., Hep., Kali, Nux-v., Op., Puls., Sulph., Verat.

Urine dark—Ac., Bell., Bry., Calc., Cupr., Carbo-v., Dig., Ipec., Kali, Merc., Op., Sulph., Verat.

Urine pale—Con., Cham., Ignat., Mosch., Nux-v., Spong.

Urine too frequent—Arg., Bary., Coff.

Urine passed involuntarily—Ignat., Thuj.

Flatulency—Arn., Carb.-v., Cham., Chin., Nux-v., Puls., Verat.

Constipation—Bry., Calc., Nux-v., Op., Sulph.

Diarrhœa—Cham., Chin., Merc., Puls., Sulph., Verat.

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Morning paroxysms—Aur., Bary., Calc., Carb.-v., Coff., Dig., Ignat., Kali, Nux-v., Verat.

Afternoon paroxysms—Arg., Bell., Ignat., Mosch., Puls., Spong., Thuj.

Evening paroxysms—Arn., Bell., Bry., Ignat., Ipecac., Kali, Puls., Sulph.

Paroxysms at night—Ac., Ars., Arn., Bary., Chin., Cham., Con., Cupr., Coff., Hep., Ignat., Kali, Merc., Op., Sulph.

Paroxysm comes on during sleep—Ars., Bell., Bry., Cham., Hep., Ipec., Nux-v., Sulph.

Spring attacks—Ac., Bell., Bry., Calc., Carb.-v., Puls., Sulph.

Fall attacks—Chin., Merc.

Summer attacks—Bell., Bry., Carb.-v., Puls.

Winter attacks—Aur., Ars., Bry.; Hep., Kali, Mosch., Nux-v. Puls., Verat.

Aggravation from smoking—Calc., Nux-v., Op., Sulph.

Aggravation from talking—Calc., Chin., Carb.-v., Hep., Sulph., Verat.

Aggravation from swallowing—Bry., Bary., Hep., Merc., Nux-v., Puls., Sulph.

Better when swallowing—Arn., Ignat.

Better from tobacco—Hep., Merc.

Aggravation from a draught of air—Bell., Calc., Chin., Hep., Kali, Sulph.

Aggravation in foggy weather—Cham., Chin.

Aggravation in wet weather—Calc., Merc., Sulph., Verat.

Aggravation in clear weather—Bry., Hep., Ipec.. Nux-v., Spong.

Better from bending head back—Bell., Cham., Hep., Thuj., Verat.

Better from cold drinks—Bry., Cupr., Verat.

Better in wet weather—Ac., Bry., Hep., Ipec., Nux-v., Spong.

Appearance as if dying—Arn., Carb.-v., Chin., Coff., Op.

Sensation of dust in the lungs—Ars., Bell., Calc., Hep., Ignat., Sulph.

Sensation as if a band was around the chest—Ac., Con., Ipec., Nux-v., Sulph.

All the remedies are indicated in oppressed respiration,

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coated tongue, vomiting, and palpitation of the heart; hence the other symptoms must decide.

The remedy should not be given in the intervals between the paroxysms oftener than once a day. It is very difficult to choose the right remedy—consequently attention must be given to every symptom, however trivial it may seem.

I should be pleased to have the readers of the OBSERVER send me a report of any cases they have cured, with the symptoms, medicine employed and attenuation, and length of time under treatment.

The Commencement of the Homœopathic Medical College of Missouri.

There is perhaps no city in the United States in which Homœopathy has made more rapid strides, in a few years, than St. Louis. While we note with pleasure that in Boston a bill is before the Legislature for the incorporation of a Homœopathic Medical College, and while in New York a magnificent Hospital enterprise is on foot; while in Chicago, Cleveland, Philadelphia and New York, Homœopathic Colleges, Dispensaries and Pharmacies are in a high state of cultivation, we think that St. Louis has also done her share in spreading the truth of the great law of Hahnemann.

The Commencement exercises of the College took place on the evening of the twenty-seventh of February in the new and beautiful Hall of the Polytechnic Institute. It was deemed advisable by the Faculty that the Commencement be held thus early, instead of on the first day of March, in order that those students whose homes were at a great distance, especially those from the Canadian Provinces, would have sufficient time to arrive at their destination before Sunday; otherwise they would be obliged to lie over during the whole of Sunday at some intermediate place—a condition of things which is not particularly desirable to those who have sat under seven lectures per diem for a number of consecutive months, whose brains are wearied with continued exertion, whose pockets are perhaps as empty as their heads are full; some of whom are anxious to lay before

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their friends and the public the parchment guarantee of their successful application, and all of whom are yearning for the pleasant faces of "home, sweet home."

The Hall was crowded with a brilliant assemblage of ladies and gentlemen, even a few liberal-minded Allopathic physicians being present on the occasion; the evening was fine, and the arrangements as perfect as could be desired.

The students entered the Hall at about a quarter before eight o'clock, the passed candidates for graduation taking the lead; so soon as they were seated, the Board of Trustees and Faculty, with several of the oldest and best citizens of St. Louis, followed and took their places on the stage.

The exercises were opened by an appropriate prayer, delivered with much earnestness, by the Rev. Dr. Schuyler; after which an exquisite air from the band in attendance charmed the audience. There is nothing like good music on such occasions—it assists in relieving any monotony of exercises, and allows a little conversation to take place, the ladies to arrange their dresses, and the men to recross their legs.

Dr. Walker, who announced the order of exercises, then introduced Dr. Helmuth, who in a few words spoke of the history of the College, the difficulties it had encountered, and its thus far complete success.

The conferment of the degrees of Doctor of Medicine then took place; Silas Bent, Esq., in the absence of the President of the Board of Trustees, acting on the occasion. Dr. Franklin then delivered the Hospital Diploma of the College to the graduates; after which the Dean of the Faculty pronounced the Valedictory Address, its substance being an exposition of certain points in the Homœopathic Law. The Rev. Mr. Heath then concluded the ceremonies with the Benediction. Between each portion of the proceedings the music discoursed sweet strains, and the company left the Hall fully imbued with the prosperity of the Institution.

The students, Faculty, Board of Trustees, the members of the St. Louis Homœopathic Medical Society, and other invited guests, then repaired to the Hall, where a magnificent banquet, prepared at the expense of the College and under the immediate supervision of the ladies devoted to the cause, awaited them.

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There stood every dainty the gourmand could wish—
The ice-cream, the oysters, the jelly, the fish,
And the fruits of all climes, and the game of the season:
If the epicure there
Was not suited in fare,
It was certainly hard to discover the reason.

As a general rule, Doctors are good feeders; as a positive axiom, students always are; and on this occasion there were no exceptions to prove the rule. The nutritious articles, the digestible articles, the indigestible articles, the articles easy of assimilation, and those requiring cast-iron stomachs for their trituration, those easy to carve, and those without any osseous framework, were masticated, deglutated, re-replenished with an ardor that was delightful to see, and wonderful to understand. Speeches were made, sentiments reponded to; and when the hour came to say good night (or rather, good morning,) all felt that the College and St. Louis had thus far upheld their reputation for good-fellowship and hospitality. The best looking ladies of the city were there. How we wish we could say what kind of things they wore; but one thing we saw on every one of those fair faces, viz., a smile of satisfaction and pleasure that by their instrumentality they had so assisted in the good work.

The following is the list of Matriculants for 1866–67:

Stilwell G. Merrill, Jackson, Mich.; Ed. McKee, St. Louis, Mo.; Charles H. Baker, Monmouth, Ills.; Mortimer Ayers, Springfield, Ills.; R. Y. Manning, Georgetown, Ky.; Wm. H. Blakely, Cadiz, Ky.; N. F. Prentice, M.D., Freeport, Ills.; James B. Adams, Springfield, Ills.; George Barth, St. Louis, Mo.; L. E. Wilson, Louisville, Ky.; John N. Reynolds, Ingersoll, C. W.; H. M. Brodrick, Ingersoll, C. W.; S. C. Baldwin, Lyons, Iowa; Charles W. Clark, M.D., Aylmer, C. W.; Alfred E. Riess, St. Louis, Mo.; Henry B. Shirley, Jacksonville, Ills.; M. Kammermeyer, Farmington, Iowa; John H. Smizer, Cynthiana, Ky.; James R. Temple, Lexington, Mo.; James P. Willard, Jacksonville, Ills.; Fred. W. Whitlock, Farmington, Iowa; Julius N. DeWitt, Freeport, Ills.; James W. Routh, Decatur, Ills.; T. L. Slocum, St. Louis, Mo.; J. Meamber, East St. Louis, Ills.; George H. Stockham, M.D., Lafayette, Ind.; Lewis Grasmuck, Tecumseh, Kansas; Ed. Murphy, New Orleans, La.; A. DeHemecourt, New Orleans, La.; Wm. C. Richardson, Springfield, Ills.

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The prospects for another session are even now very favorable, and while we wish all prosperity to every Homœopathic College in the country, we trust that the one in St. Louis will ever be ready to do her share in the great enterprise of sending out well qualified physicians for the propagation of Homœopathy.

HELMUTH.

VALEDICTORY ADDRESS

TO THE GRADUATES OF THE HOM. MEDICAL COLLEGE OF MO.

Delivered by the Dean of the Faculty, PROF. TEMPLE, *Feb.* 27, 1867.

To you, Gentlemen, who have this day become Doctors of Medicine, it has been made my duty to address a few parting remarks.

This profession has been your choice, and in occupying your attention for a few moments in a farewell address, we have deemed it not amiss to repeat to you some of the fundamental truths which you have learned during the session now closed.

You have been taught that the Science of Medicine is limitless in its range, and its subjects—that it demands and receives tribute from every kingdom of Nature.

You have learned that Man is fearfully and wonderfully made—that the human body, in its varied and innumerable parts, is a grand and glorious machine, every part of which, from the smallest cell to the largest organ, performs its specific work without one discordant jar while in its natural state. You have been taught that the power which moves this machinery, and keeps in harmonious action the functions of every organ, is the mysterious and incomprehensible Principle of Life—and that an invisible Force, Power or Life, pervades all nature, inorganic as well as organic.

You have learned that there are forces, invisible and inimical to vitality, everywhere existing, and ever ready to invade, derange and destroy the harmony of normal action, whenever a violation of physical law has opened the portals to the citadel of Life. That an allwise and merciful Creator has supplied and implanted, in the various members of the kingdoms of nature, forces competent to combat and conquer the disease-producing

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forces which have been generated by Adam's fall and man's consequent depravity. That this invisible dynamic power is equally efficient, whether in the animal, vegetable or mineral kingdom, when chosen under the guidance of the great therapeutic law of nature, "*Similia similibus curantur.*"

You have been taught, as promulgated by the great Leibig, that life conveys the idea of an active force, and that this active force, although enclosed in a casket of material elements, is not inseparable from or identical with those elements. That material bodies composed of the same elements, and in the same proportions, have very different dynamic forces, and that these forces, invisible, diverse and dynamic, compose the armimentarium, from which you are to draw your weapons of war against Disease, the common enemy of mankind.

That throughout the wide domain of nature these forces are distributed in the individual members of her three kingdoms, unseen and unknown, till compelled, by the inquisitorial power of science and investigation, to declare their character, as agents for man's weal or woe—each having a perfect individuality and specific attributes, distinct from every other member of the great family of nature.

You have been taught, Gentlemen, that this great truth of Dynamic Power, extensive as the world, immutable as God, and beneficent as it is immutable, constitutes the grand *basis* of Homœopathy.

Standing on this foundation, and on this alone, you can use successfully the great therapeutic law, *Similia*, with relief to the sufferer and justice to the science of Medicine.

You have been taught that in Eden all was perfect—the man, the animal, the vegetable. That by sin, disease and death entered the world. That a violation of God's holy law, not only changed man's moral nature, but the atoms of the whole world became impressed with the wicked influences of the spirit of evil. It made oxygen a destroyer, and fired it with a species of fury to seize upon and destroy its fellow atoms. It made nitrogen fickle, false and unreliable. It so changed the kingly elements of carbon, hydrogen, phosphorus and sulphur, in their nature, that they yielded an unwilling and uncertain obedience to the operations of the great forces of the universe. They have no regard to the value or beauty of animal or vegetable life, and

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are only too happy when the process of disintegration sends them back to revel in the inorganic world of atoms."

The varied forms of disease which afflict mankind are but a tithe of all we may see, resulting from the prevalent want of harmony in God's universe. And it is your province, Gentlemen, as philosophical enquirers, to take this extended and just view of the *original cause* and wide-spread results of evil in the world.

You have been told, that the only evidences of disease which a suffering organism can reveal, are through symptoms, calling for deliverance from an inimical, invading force. That disease is not matter, but force, and that this great truth completes the otherwise imperfect structure, reared by the master hand of Hahnemann—it is the key-stone of the grand Homœopathic arch that soon will span the world.

You have been taught that drugs can only cure disease by the dynamic force which they possess,—or in other words, that every drug is but an outward material form, of a peculiar force, specific to itself,—and that the ultimate atoms of different drugs being alike, in no way affects their medicinal forces, which are widely dissimilar. That the dynamic force may be separated from its material body. That the great founder of our system, by this discovery of dynamic power, has struck from the fettered limbs of our materia medica the incumbrances of drugs, and holding in our precious attenuations the real curative power, we can bring to the destruction of the force of disease a power, that philosophy and fact declare, alone fitted for the work. That the great therapeutic law of *Similia* would be useless, if not positively injurious, without a knowledge of the dynamic force of drugs. That our great therapeutic law, known to the medical profession for more than two thousand years, could not be used to the benefit of human suffering until the founder of Homœopathy unfolded the immaterial and invisible forces of drugs, which alone contain the power to cure disease—a power imparted by Divine mercy to allay the terrible consequences of man's moral fall, manifested by the sufferings of the physical organism.

You have learned, Gentlemen, that these soothing, gentle, but mighty forces, are the agents which you must use to relieve the suffering pilgrim in his journey through life, and throw

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around the closing scene of earthly existence a sunset glow of comfort and peace, when the will of our Maker is fulfilled by a pilgrimage of three-score years and ten. That the science of Homœopathy is one of facts, and challenges investigation—that the proofs of its truth are as clear as those of light or heat. That if Hahnemann, limiting his reform to the law of Similars, had placed his formula in the sphere of Polypharmacy; had he submitted his prescriptions to the massive posology of the old school; they would never have dreamed of bringing an accusation against him. His system would have had its place at the banquet of science, and none would have blushed to be his companions. But he proposed infinitesimal doses—he pronounced the word globule—inde iræ. It was all over with him. Homœopathy became the synonym of *infinitely small;* and a Homœopathic physician, "a charlatan who wears a globule for his breastpin."

You have learned that the Homœopathic Pharmacy is the abode of simplicity. The modest lattice, tempers the rays of a too vivid sun, which lights up the simple interior of this little sanctuary. There no odor, grateful or disagreeable, either pleases or offends the nose. That "we employ as medicines all the substances furnished by the three kingdoms of nature—that some of these act in massive doses, as Aconite, Belladonna, Strammonium, Opium, Arsenic, &c., &c.; and that others, inert by nature, must be divested of their material envelope, in order to become therapeutic agents, as Lycopodium, Silicia, Sepia, Carbonate of Lime, &c., &c. That a globule should no more excite a laugh, than an electric spark, or a ray of heat or light, which are imponderable and intangible fluids, the vehicles of a specific force. That viewed in the firmament of therapeutics, a globule shines with all the brightness of its specific dynamism. That if you consider a globule at the focus of life, you will as easily see in its fluid a disease or a cure, *in power,* as in a silkworm you can imagine a mass of eggs, and in those eggs the silken robes and attire of the fashionable world."

You have been taught the meaning of the terms dynamisation, dilution, globules, &c. Alas! how few of those, who ignorantly despise these terms, understand their scientific value; and how few know what they say, when they make them the subject of rash and satirical observations. The great Cuvier

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said, "Matter is only the depository of strength; matter passes away, but strength remains." Consider the miasmata, the effluvia, these deadly germs, these nothings, at their birth! Engendered by a mysterious power, nourished in the bosom of the clouds, brooded over by the wings of the wind, hatched by the hot breath of the atmosphere, agitated by the convulsions of the tempest, they acquire the dynamism of thunder. Their stroke is the more perfidious, because invisible; the more sure, because unexpected; the more fatal, because they cannot be averted.

(Conclusion next month.)

The Homœopathic Free Dispensary at Leavenworth, Kansas.

Nearly a year ago, the proceedings of a preliminary meeting for the formation of a free Dispensary at Leavenworth, Kansas, were published in this journal, and it is with feelings of the highest gratification that we now peruse the first annual report of the Institution. Before we look into the information contained in this pamphlet, let us say a complimentary word in regard to its typographical execution, which is certainly creditable to any press in ANY city, and in itself will convey to the minds of our Eastern brethren what rapid advancement is being made in the arts of life in those localities which but a very few years since were but the vast expanse of an unsettled wilderness. When, moreover, co-equal with this progress, we observe Homœopathy in the very front, spreading its beneficent light for the benefit of the suffering poor, we only find another fact to prove that unity of design which amidst endless diversity pervades all nature, and which speaks volumes of future good, not only in a purely medical sense, but as regards the mental elevation of the whole surrounding community.

But let us look into the report. To show the energy of those interested in this Dispensary, and the nucleus of future good which it will accomplish, we may call attention to the following letter, inserted as a fly-leaf in the report:

HOMŒOPATHIC FREE DISPENSARY,
LEAVENWORTH, KS., Jan. 26th, 1867.

DEAR SIR:—As it is very desirable that the Dispensary should possess a Library of standard medical works for reference, especially of our own school, we appeal to our authors, publishers and friends generally, to send us such of their works, publications and periodicals as they may wish to donate. All such publications sent to the address of the undersigned per Merchants' Union Express, or by Mail, will be gratefully received and due credit given in our next report.

MARTIN MAYER.

This little note speaks for itself, and needs no further mention at our hands, excepting to urge upon all our professional brethren to peruse the same and to respond to the call as liberally as they are able.

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For further information, we may quote from the report as furnished by Dr. Martin Mayer, who is the Attending Physician. The Attending Surgeons are W. K. Cleveland, M.D., and M. E. Halsted, M.D.

Dr. Mayer, after some preliminary remarks, thus writes:

"Fully impressed, however, with the importance of extending the benefits of our system to those unable to pay for medical services, I gratuitously prescribed for such poor as came to my office. Heretofore that class of persons had no resort, when sick, but to apply to the City Physician, who, as in duty bound, and in accordance with the long established principles of allopathic medical *science*, immediately attacked the poor enfeebled body with agents of destruction. Blood was made to flow by the use of the lancet or cupping; the delicate membranes of the stomach and intestines were raked with broadsides of emetics and cathartics; the nervous system was shattered by narcotics and stimulants, and the functions of every organ deranged by showers of destructive allopathic missiles. No wonder, then, that these poor unfortunates gladly availed themselves of a more humane and rational treatment, and that soon the number of applicants at my office became a heavy tax upon my time and means. Having now become well acquainted with many of the friends of Homœopathy, and the two gentlemen practicing our system on my arrival here, having both left for other locations, I deemed it my duty, as the oldest practitioner of our school in the city, to take the initiatory steps to form an organization. Accordingly a call was published in the daily papers for a meeting of those in favor of establishing a Homœopathic Free Dispensary; and on the 26th of January last, some thirty of our best and most influential citizens assembled in pursuance of this call. * * * * * * A centrally located office was rented, a supply of medicines and instruments ordered from the pharmacy of H. C. G. Luyties, at St. Louis, and the necessary furniture purchased. On the 10th of February, 1866, fifteen days after our first meeting, the Dispensary was thrown open to the public.

"The success of the Institution has been everything that could be reasonably expected during the first year of its existence. We have treated one hundred and sixty-one patients, made five hundred and thirty-eight prescriptions, and visited six patients at their own houses. The Dispensary was kept open each day from 9 to 10 o'clock A. M., except Sundays.

* * * * * * *

"As we prescribed for those who, of necessity, would have become a burden to the city, the Board of Managers thought it but just to apply to the county and city authorities for aid. The subject was ably presented to the City Council and to the Board of County Commissioners by Col. H. D. Mackay. The matter was referred by the City Council to the Committee on the Poor, which committee, without conferring with a single member of the Dispensary Association, and without in the least degree investigating our claims as a charitable organization, reported adversely to our call for assistance. As for medicines alone we have saved the city, at least, three hundred dollars, the action of the committee appears to us unjust and reprehensible. The County Commissioners voted a subsidy of two hundred dollars, in scrip, which the Treasurer converted into one hundred and ninety dollars currency."

Taking all things into consideration, with our experience in the difficulties which always surround an undertaking of the kind, the opposition from the ignorant and the bigoted, which is necessarily to be expected, we believe that every one interested in the success of Homœopathy will be highly gratified with the stand thus occupied by our friends in the farther West. And we have taken this somewhat lengthy notice of this Dispensary, because we

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believe we can see in it the germ of a mighty power yet to come, because the more we reflect upon the matter, the more we foresee the vital importance the success of the enterprise will be to our school, and the more do we feel thankful to those soldiers in the cause who have stood out boldly for their principles and their extension, and still more do we thank them for their example in this good work.

Dean Swift has said—"There is not any thing which contributes more to the reputation of particular persons, or to the honor of a nation in general, than erecting and endowing proper edifices for those who labor under different kinds of distress,"—and there can be no doubt of the great truth expressed in his words.

In this connection also there is a surprising fact, which is this, that the amount of good which may result from the untiring energy and steady perseverance of one or two whole-souled and philanthropic men, appears almost incredible. When we look around upon the hospitals and dispensaries of our land, and inquire into the early history of those magnificent structures erected for the sick poor of our country, we will find that the story of their birth and their struggles for existence is connected with the self-sacrificing devotion of one or two humane and generous men. We wish every success to the new Dispensary at Leavenworth, and will do all in our power to further its advancement.

HELMUTH.

Students' Hom. Medical Institute of St. Louis.

One of the pleasantest features of our College, during the past session, was the organization known as the "Students' Homœopathic Medical Institute of St. Louis," growing out of and connected with the St. Louis Homœopathic Medical College. This organization was formed by the students at the opening of the Course of Lectures, conducted wholly by themselves upon a similar principle as that actuating the Faculty of any medical school of learning, and dividing the course of instructions into as many chairs as in the College, and assigning a Professor to each chair, whose duties lay in preparing himself upon any subject within his jurisdiction, then quizzing and catechising the other members for ten minutes at each meeting, which were held bi-weekly. The officers, consisting of a President, Vice-President, Secretary and Treasurer, and Professors, were elected monthly, but so creditably did those gentleman first elected as President, Dr. C. W. Clark of Canada, Vice-President H. M. Broderick of Canada, Secretary and Treasurer I. N. DeWitt of Illinois, fill their positions, that at each election they were unanimously re-elected. A Constitution and By-Laws were drafted as guide and restriction, and each member was made to act in accordance therewith. Seldom have we seen laws enacted and enforced more promptly than in this Society. If a member was absent from any meeting or at roll call, he was strictly called to account, and if a good and reasonable excuse could not be given for his delinquency, a fine was imposed as the rules required. This shows the

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right spirit, the motive, the animus, of the Society, and proves their interestedness in the labors they had to perform—that unless there was law and order exercised, the mutual benefit meant to be derived from the free interchange of ideas and open discussions would not be obtained, nor a proper understanding of the thousand and one perplexing questions to a medical student, be arrived at. A minute-book was kept, where the more important points of each meeting were separately recorded, and an initiation and monthly fees were paid for the purpose of procuring a Record Book, diplomas with seal, and the surplus funds were given to the founding of a library for the benefit of those who follow in their course. Quite a large number of volumes have already been purchased and donated, and found their places in the College Museum, with the insignia of "Students' Hom. Med. Ins." indelibly fixed upon them, as a lasting monument to the zeal and industry of its founders. In the new College building which is about to be erected, these pages of medical lore will have a conspicuous place, to which each new year will add new volumes, and the stranger, upon inquiry, may learn that much may arise from a little.

On the evening preceding the Commencement exercises of the College, this miniature College held its Commencement in the presence of a large number of ladies and gentlemen—in fact, the large lecture-room was crowded to overflowing, where the usual routine of hearing an address by the President, setting forth the origin, object and progress of the Society, granting of diplomas to such students as expect to graduate at the College, and the delivery of a valedictory address by H. B. Shirley, of Jacksonville, Ills. The addresses were able and to the point, not only in a medical sense, but showing considerable literary and scientific attainments upon other subjects; they were well recited, well received, and frequently applauded. The diplomas were of sheepskin, with the rights and honors inscribed in Latin, and kindly presented to the Society by Prof. Helmuth.

The object aimed at by this Association has been fully reached—honor and renown have fallen upon its organizers—the Profession has been exalted, and their Alma Mater received a new impetus in the onward march toward the goal of its glory and usefulness. We are proud of our offspring, though yet so young in existence, but the precocity already exhibited, by care and cautiousness, will germinate anew each year, from which will radiate an influence cheering and grateful to every honest Homœopathic physician throughout our land, and we trust will stimulate to similar organizations in our sister Colleges. Their example is worthy of imitation in other things than the mere forming of the Institution, which of itself is highly creditable, but the desire to be fully prepared for the prosecution of their duties toward the Association and their brother members, and the strictness with which they acted up to their code of laws. With hearty good will, we wish them God speed in the new work, and abundant success when engaged in the duties of professional life.

S. B. P.

QUERY—What part of the nervous system is seen first in the human fœtus?

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THE WESTERN

HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, APRIL 15, 1867. No. 4.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.

All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

On the Means of Promoting the Interests of Homœopathy.

BY CHARLES CROPPER, M.D., CINCINNATI.

Although the progress of Homœopathy in the United States has been, and still is, unparalleled in the history of Medicine, yet it cannot be denied that its march might be greatly accelerated by vigor of effort and concert of action on the part of its professed adherents and advocates. Let us briefly consider a few of the necessities in the advancement of the good cause. First and foremost then, not indeed intrinsically, but in the eye of the outside world, it is essential that the character and attainments of its professors should be of a high order. Truth, indeed, ever attracts to its support, by the divinity which glows within it, the purest, the wisest, the noblest of our race; but there is also another class always ready to range themselves on its side, not indeed for *its* support, but that they themselves may be sustained by its inherent power. Not from the love of truth are they led to sacrifice self, but rather from love of self are they prompted to sacrifice the truth. Now while it does not at all argue against Homœopathy that it may have

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in its army, time-servers, timid professors and free and easy mongrels who are all things to all men, if by any means they may get a patient, yet it is exceedingly desirable to relieve it from the responsibility of embracing such and filling the ranks with earnest, able, laborious, true men—men of *principle*, and not devotees of *policy*—men like the illustrious founder of our grand system, who preferred to endure proscription and banishment rather than compromise a single iota of the truth which God had permitted him to discover. Without this spirit, Homœopathy would never have been established, and without this spirit its existence cannot be maintained. That this may be accomplished, young men of talent, education and character, should be induced to enter our offices for the purpose of preparatory study, attend our colleges, graduate with honor and engage in the practice with the determination of devoting themselves entirely to the cause of Homœopathy, and thus to the interests of humanity. An effort in this direction is really necessary. The present demand for homœopathic physicians is far in excess of the supply, and this demand is constantly increasing. Many excellent locations are now and have been for years calling for physicians of our school, who would receive a generous support from the start; but none are found to occupy them. Let us see to it that all these places are not only filled, but filled with men who will prove an ornament to the profession and a blessing to the community in which they may locate. The practitioners of our art could do much in the way of advancing its interests by systematically recording their daily experience, from which, from time to time, interesting cases could be reported for publication in the periodicals of the day, the *whole* of which, in tabular form, would be of incalculable aid to the statistician. Take, for instance, the recent visitation of Cholera. Had regular and complete record been kept by every physician of our school in this city, we might now be able to answer satisfactorily questions which never will be thus answered, and to demonstrate, as has so triumph-

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antly been done elsewhere and heretofore, the great practical superiority of our mode of treatment. *We* know indeed that the usual success has attended the purely homœopathic practice in the recent epidemic, but we have no statistics to which we can point in confirmation of a statement to that effect. We cannot *prove*, although we, and all who have witnessed the results of the new system, know that it has been as successful in the recent as in all preceding visitations of the terrible scourge. May the tim soon come when physicians, who have *hours* to spend unprofitably, will not plead want of time as an excuse for not doing that which will require but a few *minutes*. Let no *young* physician, especially, neglect to form the habit of committing to writing, every night, the observations and experiences of the day. Even as a means of self-improvement alone, in no other way can the time be as profitably employed.

While it might possibly be the case that too many periodicals should be *started*, it cannot be cause of fear that too many should be *sustained*. I am of the opinion that tho interests of our cause demand a Jonrnal in each of the large cities of our country. The utility of such publication will be greatly increased if it is used by the profession, in the section in which it is issued, as the medium through which to give their experience in the treatment of the diseases peculiar to that section, with all the permanently existing or transient modifications resulting from climate, habits of life, quality of food, topographical situations, etc., etc.

Popular periodicals, also, should be sustained. In proportion as the people are enlightened in regard to the truths of medical and hygienic science, will the Homœopathic system find patrons and adherents. Therefore, *circulate* good periodicals, if you do not *read* them. Support them; others may be benefited by their perusal; the cause will thus be strengthened, and your own interests thereby be promoted. One of the most important, and yet one of the most neglected means for promoting the interests of our

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cause, is the organization of Societies in cities and counties, so that the strength which lies in unity, and the success which attends upon combined effort, may be secured. And in all places where the population and interest will at all admit, Dispensaries and Hospitals should be instituted and generously sustained. At no distant period, I am firmly persuaded, we shall be recognized by the powers that be, and our claims to a position in the Public Institutions of Towns, Cities and States, as well as in the Army and Navy of the nation, will be admitted. But we must first *recognize ourselves*, assume a prominent position, demonstrate the practical superiority of our system of practice, and thus our claims will *force* a recognition. Even were there no higher motive, that of self-interest, properly understood, would induce the practitioners of our art, in all our cities, to institute and support Free Dispensaries and Hospitals, in which the results of the beneficent system might be made apparent, and thus, by the exhibition of its advantages, the field of operations of each practitioner would be enlarged. "*There is that scattereth, and yet increaseth; and there is that withholdeth more than is meet, but it tendeth to poverty.*"

Homœopathy has most to fear from the apathy, the selfishness, and the indolence of its professed supporters. Its progress has been due, not so much to the efforts of its friends, as it has to the fact that it is a GREAT TRUTH, and therefore possesses within itself an all-prevailing power. Let us resolve that hereafter our exertions shall bear some adequate proportion to the greatness of the cause and the benevolence of its aims. A few thoughts upon some of the means necessary to be employed for the purpose of securing a greater degree of perfection in our science, and of more certainty and more efficiency in its practical applications, we reserve for another paper.

THE communication of Dr. E. POTTER, of Springfield, Ills., has been received, and will appear next month.

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AMERICAN INSTITUTE OF HOMŒOPATHY,
Bureau of Organization and Statistics, 105 Fourth Av.,
NEW YORK, March 15, 1867.

EDITOR OF THE OBSERVER:

Dear Sir:—Will you please inform the readers of the *Western Homœopathic Observer* that the Bureau of Organization, Registration and Statistics, of the American Institute of Homœopathy, consisting of Drs. Henry M. Smith, New York; Horace M. Paine, Albany, N. Y.; Bushrod W. James, Philadelphia; Edwin A. Lodge, Detroit; Thos. G. Comstock, St. Louis, is engaged in preparing a Register of all the Homœopathic Physicians in the United States; a list of all the organizations, such as Societies, Dispensaries, Infirmaries, Hospitals, Colleges, etc.; list of all books published on Homœopathy, including pamphlets, etc., and a collection of interesting historical facts relating to the introduction or present status of our system of medicine.

The Bureau will be greatly obliged for any assistance the members of the profession can render in furnishing information regarding:

1st—Names (in full) and address of physicians, when and where graduated or licensed, and their previous address (that lists may be more readily corrected).

2nd—Lists of all organizations, as Societies, Dispensaries, Colleges, etc., with the date of formation, list of officers from beginning, number of members, names of deceased members, time and place of meeting, and, if possible, copy of printed transactions, reports, or announcements.

3rd—List of books, pamphlets, etc., and articles contributed to journals, of which the physician is author, with reference to the periodical in which articles were published, and a copy of pamphlet.

Prepared under the auspices of the American Institute of Homœopathy, this is a work in which all are interested, and one more likely to succeed than an individual enterprise.

Yours truly, HENRY M. SMITH, *Chairman.*

NEW YORK HOMŒOPATHIC DISPENSARY, 109 West Thirty-fourth street—J. S. Linsley, M.D., house physician; L. Lilienthal, M.D., surgeon. From the annual report of this Institution (the first free Homœopathic Dispensary established in America), we learn that during the past year the number of patients treated was 10,218, and of prescriptions made, 19,177.

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Classification of a Few of the "New Remedies," according to the Parts of the Body Acted Upon.

(After the Plan of Bonninghausen.)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

Remedies.	Abbreviation.
Æsculus glabra—buckeye,	Æs.-glab.
Æsculus hippocastanum—horse-chesnut,	Æs.-hip.
Aletris farinosa—Unicorn root,	Alet.-far.
Aloes,	Aloes.
Apocynum androsemifolium—dog-bane,	Apoc.-andr.
Apocynum cannabinum—Indian hemp,	Apoc.-can.
Arum triphyllum—Indian turnip,	Arum.-trip.
Asclepias syriaca—silk-weed,	Asc.-sy.
Asclepias tuberosa—pleurisy-root,	Asc.-tub.
Baptisia tinctoria—wild indigo,	Bapt. tinct.
Cactus grandiflorus—night-blooming cereus,	Cact. grand.
Caulophyllum thalictroides—blue cohosh,	Caul.
Chimaphila umbellata—pipsissiwa,	Chim.
Cimicifuga racemosa—black snake root,	Cimicif.
Cistus canadensis—rock rose,	Cist. can.
Collinsonia canadensis—stone root,	Collin. can.
Cornus circinata—green osier,	Corn. cir.
Dioscorea villosa—colic root,	Dios. vil.
Erigeron canadensis—flea-bane,	Erig. can.
Eupatorium perfoliatum—boneset,	Eup.-perf.
Euphorbia corollata—milkweed,	Euphorb.
Gelseminum semper virens—yellow jessamine,	Gelsm.
Gossipium—cotton-root,	Goss.
Hamamelis virginica—witch-hazel,	Ham.
Helonias Dioica—false unicorn root,	Hel.
Hydrastis canadensis—golden seal,	Hyd.
Iris versicolor—blue flag,	Iris.
Lachnanthes tinctoria—spirit-weed,	Lach. tincto.
Leptandria virginica—black-root,	Lept.
Lithium carbonicum—carbonate of lead,	Lith.-carb.

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Remedies.	Abbreviation.
Murex purpurea—mollusk—perpurifera,	Murex pur.
Nuphar lutea—small flowered yellow pond-lily,	Nupr.
Phytolacca decandra—poke,	Phytol.
Podophyllum peltatum—mandrake,	Pod. pel.
Rumex crispus—yellow dock,	Rumex.
Sanguinaria canadensis—blood-root,	Sang. can.
Senecio gracilis—life root,	Senec. gracil.
Sticta pulmonaria—lung-wort,	Stict. pul.
Tellurium,	Tell.
Trillium pendulum—birth root,	Trill. pen.
Veratrum viride—American hellebore,	Verat.-vir.
Xanthoxylum fraxineum—prickly ash,	Xan.

SECTION I.

HEAD.

Remedies acting upon—Æs.-g., æs.-hip., aloes, apoc.-andr., apoc.-can., asc.-sy., asc.-tub., bapt.-tinct., cact., caul., chim., cimicif., cist., collin., corn.-cir., dios.-vil., eup.-perf., euphorb., gelsm., ham., hel., hyd., iris, lach., lept., lith.-carb., murex, nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell., verat.-vir., xan.

Forehead—Æs.-hip., aloes, asc.-tub., caul., cact.-grand., cimicif., cist., collin., corn.-cir., dios.-vil., eup.-perf., gelsm., ham., hel., hyd., iris, lach.-tincto., lept., lith.-carb., nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell., verat.-vir.

Occiput—Æs.-hip., aloes, apoc.-andr., asc.-tub., bapt.-tinct., cact.-grand., cimicif., corn.-cir., eup.-perf., gelsm., hel., hyd., iris, lach.-tincto., lith.-carb., murex, nupr., rumex, tell.

Vertex—Aloes, cact.-grand., cimicif., corn.-cir., dios.-vil., eup.-perf., gelsm., ham., hel., hyd., lach.-tincto., lith.-carb., nupr, pod.-pel., rumex, stict.-pul., tell.

Temples—Æs.-hip., aloes, asc'-tub., bapt.-tinct., cact.-grand., caul., cimicif., collin., corn.-cir., dios., eup.-perf., gel.,

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ham., hel., hyd., iris, lach.-tincto., lept., lith.-carb., murex, nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., verat.-vir.

Right side—Æs.-hip-, aloes, bapt.-tinct., cact.-grand., cist., gelsm., iris, lach.-tincto., lith.-carb., nupr., phytol., rumex, sang.-can., tell.

Left side—Æs.-hip., aloes, apoc.-andr., asc.-tub., bapt.-tinct., cimicif., gelsm., lith.-carb., nupr., phytol., pod.-pel., rumex, sang.-can., tell.

Right temple—Æs.-hip., aloes, bapt.-tinct., cact.-grand., collin., dios.-vil., hyd., iris, lach.-tincto., lept., lith.-carb., murex, nupr., phytol., rumex, sang.-can., tell., verat.-vir.

Left temple—Æs.-hip., aloes, bapt.-tinct., cimicif., eup.-perf., hyd., lach.-tincto., lith.-carb., murex, nupr., phytol., rumex, sang.-can., tell.

Scalp—Æs.-hip., aloes, asc.-tub., corn.-cir., eup.-perf., iris, lach.-tincto., sang.-can., tell.

Vertigo—Æs.-glab., æs.-hip., alet., asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., corn.-cir., cimicif., dios.-vil., eup.-perf., euphorb., gelsm., hel., lach-tincto., lept., phytol., pod.-pel., tell., verat.-vir., xan.

Fullness of head—Æs.-glab., æs.-hip., aloes, apoc.-andr., bapt.-tinct., caul., cimicif., collin., corn.-cir., gelsm., ham., hel., hyd., iris, lith.-carb., phytol., pod.-pel., rumex, sang.-can., xan.

Heaviness of head—Aes.-glab., æs.-hip., apoc.-andr., bapt.-tinct., caul., cimicif., corn.-cir., gelsm., hyd., iris lith.-carb., murex, nupr., phytol., sang.-can., tell., verat.-vir., xan.

Acute pain—Aes.-hip., aloes, asc.-sy., bapt.-tinct., cact.-grand., caul., collin., dios.-vil., eup.-perf., gelsm., ham., hyd., iris, lach.-tincto., lept., murex, nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell., verat.-vir.

Aching pain—Cimicif., corn.-cir., eup.-perf., gelsm., lept., phytol., rumex.

Boring pain—Aloes, iris, nupr., rumex, sang.-can.

Beating pain (pulsating)—Aes.-hip., aloes, apoc.-andr.,

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cact.-grand., cimicif., collin., corn.-cir., eup.-perf., gelsm., hel., hyd., sang.-can., tell.

Bruised pain—Aes.-hip., bapt.-tinct., gelsm., lach.-tincto., nupr., phytol., rumex.

Constant pain—Aes.-hip., gelsm., hyd., lept., phytol., verat.-vir.

Constrictive pain—Asc.-sy., cimicif., iris, murex, phytol., verat.-vir.

Crushing pain—Caul., cimicif.

Drawing pain (tearing)—Aloes, cact.-grand., corn.-cir., gelsm., lith.-carb., lach.-tincto., phytol., rumex, verat.-vir.

Darting pain (shooting)—Aloes, corn.-cir., eup.-perf., gelsm., hyd., iris, phytol., rumex, sang.-can., stict.-pul.

Dull pain—Aes.-hip., aloes, apoc.-andr., asc.-sy., bapt.-tinct., cimicif., collin., corn.-cir., dios.-vil., eup.-perf., gelsm., hyd., iris, lach.-tincto., lept., lith.-carb., nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell., verat.-vir. [Eruption on, see Skin.]

Flying pains—Aes.-hip., cimicif., sang.-can., tell.

Heat of head—Aes.-hip., aloes, apoc.-andr., bapt.-tinct., cact.-grand., cimicif., corn.-cir., eup.-perf., lach.-tincto., lith.-carb., phytol., pod.-pel., tell.

Itching of head—Aes.-hip., eup.-perf., hyd., tell.

Numb feeling—Aloes, bapt.-tinct., ham., tell.

Pressing pain—Aes.-hip., aloes, bapt.-tinct., cact.-grand., caul., corn.-cir., gelsm., ham., hel., hyd., iris, lach.-tincto., lith.-carb., murex, nupr., phytol., pod.-pel., rumex, sang.-can., stict.-pul., tell.

Sore pain—Corn.-cir., eup.-perf., lach.-tincto., sang.-can.

Stitches—Aes.-hip., aloes, bapt.-tinct., iris, lach.-tincto., lith.-carb., sang.-can., tell.

Tenderness of scalp—Eup.-perf., lach.-tincto.

Transient pain—Cimicif., lith.-carb., nupr., phytol.

Tightness skin of forehead—Aes.-hip., bapt.-tinct., caul., lach.-tincto., verat.-vir.

Hair dry—Aloes.

Hair, falling out of the—Asc.-tub.

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Head, desire to bend backward—Murex.

Head drawn to one side by swelling on the neck—Cist.

Forehead, coolness of—Cimicif., cist.

Sensation as if the hair was standing on end—Lach.-tincto.

Sensation as if the head was drawn forward—Sang.-can.

Sensation as if the head was widened—Aloes.

Sensation as if the head was moving in all directions—Eup.-perf.

Sensation as if the head was too large—Bapt.-tinct., lach.-tincto., lith.-carb.

Sensation as if the head was empty—Cact.-grand.

Sensation as if the hair was pulled—Lept.

Sensation as if the brain was too large—Cimicif.

Sensation of shaking in the brain at every step—Nupr.

Sensation across the forehead as if the brain were loose when moving the head—Rumex.

Sensation of soreness in the brain—Bapt.-tinct.

Sensation of numbness in the brain—Bapt.-tinct.

Sensation as if intoxicated—Aes.-hip., bapt.-tinct., gelsm.

Sensation as if he had been on a spree—Cimicif.

Sensation as if a weight were on the head—Aes.-hip., aloes, cact.-grand., lith.-carb.

Sensation as if the forehead would split—Sang.-can.

Sensation as if the skull would burst—Cact.-grand., sang.-can.

Sensation as if the top of the head would fly off—Cimicif.

Sensation as if the scalp was loose—Sang.-can.

Sensation as if the vertex was enlarged and driven upwards—Lach.-tincto.

Sensation as if a band was drawn across the forehead from temple to temple—Hel.

Sensation as if a bolt was passed through from temple to temple, and screwed tightly—Ham.

Sensation as if a sharp instrument was thrust through from one temple to the other—Asc.-sy.

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Sensation of blood rushing across the head—Eup.-perf.

Sensation as if the skin of the forehead would be drawn to the back part of the head—Bapt.-tinct., cact.-grand.

Sensation as if falling to the left side—Eup.-perf.

Sensations which are felt only during fever—Bapt.-tinct.

EYES.

Eyes, remedies acting upon—Aes.-glab., æs.-hip., aloes, apoc.-can., asc.-tub., bapt.-tinct., cact.-grand., caul.,cimicif., cist., corn.-cir., eup.-perf., euphorb., gelsm., ham., hyd., iris, lept., lith.-carb., nupr., phytol., pod.-pel., rumex, sang.-can., tell., verat.-vir., xan.

Eye, right—Aloes, asc.-tub., cimicif., cist., gelsm., lach.-tincto., lith.-carb., phytol., sang.-can., tell., xan.

Eye, left—Aes.-hip., aloes, apoc.-can., asc.-tub., cimicif., cist., eup.-perf., gelsm., lach.-tincto., lith.-carb., phytol., sang.-can., tell., xan.

Eyelids—Aes.-hip., asc.-tub., cimicif., corn.-cir., eup.-perf., gelsm., hyd., lach.-tincto., lept., lith.-carb., phytol., sang.-can., stict.-pul., tell., xan.

Pain acute—Aes.-hip., bapt.-tinct., cimicif., cist., gelsm.

Pain dull—Bapt.-tinct., caul., cimicif., corn.-cir., lach.-tincto., lept., nupr., phytol., xan.

Pain constant—Cimicif., lept.

Pain constrictive—Corn.-cir., lept.

Pain aching—Cimcif., corn.-cir., lept., phytol.

Pain sore—Corn.-cir., eup.-perf., gelsm., ham., lach.-tincto., lith.-carb., phytol., rumex, stict.

Pain transitory—Asc.-tub., cimicif.

Pain smarting—Bapt.-tinct., cimicif., hyd., lept., phytol., pod.-pel.

Pain burning—Aes.-hip., aloes, bapt.-tinct., hyd., iris, lept., lith.-carb., phytol., pod.-pel., sang.-can., stict.-pul.

Pain drawing—Aes.-hip., aloes, lith.-carb., pod.-pel.

Pain throbbing—Lith.-carb.

Pain pressing—Aloes, bapt.-tinct., caul., lach.-tincto., phytol., sang.-can., tell.

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Pain spasmodic—Cist.

Pain shooting—Gelsm.

Stitches—Cist, gelsm., lith.-carb., sang.-can.

Eyes sunken—Corn.-cir., iris, pod.-pel.

Eyes prominent—Aloes, lach.-tincto.

Eyes fixed—Aes.-glab., eup.-perf., lach.-tincto.

Eyes of a pinkish color—Aes.-hip.

Eyes glistening—Aloes, bapt.-tinct., lach.-tincto.

Eyes half closed—Bapt.-tinct.

Eyes dull and heavy—Asc.-tub., corn.-cir., gelsm., iris, phytol., pod.-pel., xan.

Eyes red—Aloes, apoc.-can., asc., tub., bapt.-tinct., cimicif., erig.-can., gelsm., ham., iris, phytol.

Eyes, heat in—Aes.-hip., apoc.-can., bapt.-tinct., cimicif., erig.-can., gelsm., ham., iris, lept., phytol.

Eyes, weight of—Aes.-hip., aloes, bapt.-tinct., corn.-cir., cimicif., gelsm., nupr., xan.

Eyes, cataract in—Tell.

Eyes, agglutination of—Hyd., lept., phytol.

Eyes, glutinous secretion from—Eup.-perf., lach.-tincto., lept., phytol.

Tears increased—Aes.-hip., aloes, bapt.-tinct., caul.,cimicif., eup.-perf., gelsm., hyd., iris, lept., phytol., sang.-can., tell., verat.-vir., xan.

Tears diminished—Gelsm., lach.-tincto., lith.-carb.

Pupil dilated—Gelsm., lach.-tincto., sang.-can., verat.-vir.

Photophobia—Aes.-hip., eup.-perf., gelsm., lith.-carb., phytol.

Dark spots before the eyes—Asc.-tub., cimicif., lach.-tincto.

Grey spots before the eyes—Lach.-tincto.

Yellow spots before the eyes—Lach.-tincto.

Circles of red light before the eyes—Cact.-grand., verat.-vir.

Circles of a green color before the eyes—Verat.-vir.

Everything seems to be moving—Bapt.-tinct.

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Objects appear as if clouded—Cact.-grand., gelsm.

Cannot see as far as usual—Cact.-grand., eup.-perf.

Loss of sight—Aes.-glab., cact.-grand., gelsm., verat.-vir.

Confusion of sight—Bapt.-tinct., gelsm.

Dimness of sight—Aes.-glab., aloes, cact.-grand., caul., euphorb., gelsm., hyd., lach.-tincto., phytol., sang.-can., verat.-vir.

Sight improved—Aes.-hip.

Diplopia—Gelsm., verat.-vir.

Eechymosis—Ham.

Internal canthus—Aes.-hip., iris, lach.-tincto., lith.-carb., phytol.

Dark circle under the eyes—Corn.-cir., iris.

Flickering before the eyes—Aes.-hip., aloes, hyd., sang.-can.

Twitching of the muscles under the eye—Aes.-hip., lach.-tincto.

Difficulty of keeping eyes open—Gelsm., lith. carb.

Pain on closing right lid—Cimicif.

Conjunctiva yellow—Corn. cir., gelsm.

Eruption—See Skin.

Itching of eyes—Asc. tub., lach. tincto., phytol., tell.

Sensation of sand in the eye—Asc. tub., apoc. can., lith.-carb., phytol.

Sensation of coldness in the eyes—Aes. hip.

Sensation of swelling in the eyes—Bapt. tinct., cimicif., gelsm.

Sensation of swelling in the lids—Cimicif., tell.

Sensation of hairs in the eyes—Sang. can., tell.

Sensation of dryness, although moist—Lith. carb.

Sensation of a feather before the sight—Phytol.

Sensation of a weight above the eyes—Cist.

Sensation as if something was passing around in the eyes—Cist.

Sensation as if the eyes would be pressed out—Caul.

Sensation as if the eyes would be pressed in the head—Bapt. tinct.

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Sensation as if the eyelids were paralyzed—Bapt. tinct.

Sensation as if there was something under the lid—Caul., gelsm., phytol., sang. can.

(To be continued.)

VALEDICTORY ADDRESS

TO THE GRADUATES OF THE HOM. MEDICAL COLLEGE OF MO.

Delivered by the Dean of the Faculty, PROF. TEMPLE, *Feb.* 27, 1867.

(Concluded from page 65.)

The great Boerhave, an Allopath, has said "that medicines may preserve their virtue, although divided into such minute parts that the imagination can no longer follow them; that medicines may be so much attenuated, that they evade our search; but although these particles are no longer appreciable to our senses, they do not the less produce very marked effects on our organization." That the learned Rácamier, Professor in the School of Paris, has dared to avow that "It is to imponderable principles alone, that each medicine owes its manner of action, its power, its efficacy, each medicine being a special conductor of imponderable principles." "The time has gone by," said Mons. Jourdan, member of the Academy of Medicine in Paris, "when jokes about the infinitesimal doses seem to be good arguments against Homœopathy. Here are indisputable facts, which ought to impose silence on pure reasoning. *These minimum doses do act*, and even exercise a powerful and surprising influence; doubt is no longer admissible on this head."

Dr. Kopp, Chief Physician of the Prince of Hesse, after his experiments, declared—"Were I called upon to pronounce a judgment as a juror, my conscience would not permit me to express myself otherwise. Yes, *decillionth parts exhibit definite curative powers.*"

Let these few extracts suffice to demonstrate what you have been taught, that Allopathy is slowly, but surely, drifting into the harbor of Homœopathic Truth.

You have learned that all the medicines compose a great family, with whose members it is absolutely necessary you should become acquainted. When you have acquired a knowledge of the Materia Medica in its purity, the first difficulty

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which will present itself to you will be the choice of *the medicine.* There is one simple but great truth, which you should remember, that "the malady and the remedy are synonymous terms," and that when you have learned to detect diseases with facility, to distinguish between them, to recognize in the very commencement their features and specific character, you should become equally familiar with the portraits of the medicines. That at the bed-side of your patient, you should free your mind of all preconceived opinions, of all the leading strings of classification, look at nothing but the condition of your patient, the disease to be treated, and when you have thoroughly recognized it, turn your attention to the gallery of symptoms, artificial pictures, and take that which most resembles the malady. That, as a *general rule,* the search for a medicine similar to the disease is the best guide to a choice—and as a *particular* rule, study the shades and principal features of the medicines. "All men resemble each other, yet each has a *something* which prevents him from being taken for his neighbor, and enables a friend to detect him in a crowd. It is the same with medicines—each has its peculiarity; thus one acts principally on the brain, another on the stomach, some on the superior, others on the inferior members of the body, this on one side of the body, another on the opposite side; the effects of some will be aggravated by rest or movement, during the day or the night, &c. But above all, find out the cause of the malady. We mean the mediate and appreciable cause, as the *radical* one is unknown to us. That you should give your best attention to the cause of the disease, and in *acute cases* let the antecedents furnished by your patient, and those around him, serve as a torch to your diagnosis; and in *chronic* ones, always give the remedy you would have given if you had seen the case the day after the first manifestations of the disease. To illustrate: One day, a young child was brought to me who had been long blind. Several doctors had attended him; all treatment had been fruitless, and I confess I scarcely liked to undertake the case. But when the parents told me that they attributed the blindness of their child to a fall, I then readily consented to try what I could do. I gave him, morning and evening, a teaspoonful of a mixture of Arnica—and in eight days after, the child, to the great astonishment of several witnesses, ran between some chairs I had expressly placed in an

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irregular manner in my study. You have learned that Arnica is the remedy for falls, blows, &c.

One more case: "I was called to see a person laboring under a chronic malady, and who had been given up by three doctors who met in consultation. It was a case of dropsy. This man, who was naturally thin, had become of an enormous size. I did not venture to hazard a treatment until by my investigations I found out he had had the itch before his illness. I then treated him for the itch, and succeeded so well that the patient, on the first day of his going out, went to pay the three doctors who had condemned him to death." Seek the cause of the disease, seek it everywhere, in the manners, the habits and propensities of the patient. Do not neglect climate, and all that refers to the various atmospheric changes; bear in mind the *genius* of the maladies then prevalent. But above all, in chronic complaints, subject the antecedents to the most scrupulous analysis, and carry your investigations to the very depths of hereditary affections. It is often in the folds of the past that you will surprise the sleeping secret of the present. Remember, Gentlemen, to treat the cause, and that in spite of all the pretensions of other symptoms to assert their right to the appropriate medicine. For example, a person complains of a violent pain in the right side of the face, which affects the eye, the ear and the teeth on that side; this suffering is felt principally in the evening, is aggravated by heat, and accompanied by an abundant flow of saliva. You would not hesitate to give Mer. solubilis. But if your patient should add that his neuralgia manifested itself after a violent fit of anger, you would give Chamomilla; if he stated that it occurred after getting wet, and slept on damp ground, you would give Dulcama; if, however, the examination of the antecedents showed that the neuralgia was owing to the abuse of mercury, Chamomilla, Coffee, etc., you will then give the antidote to the medicinal malady presented to you.

You have been taught the dogmatical unity of our doctrine, and here, in harmony with all these considerations, you see its *practical unity*. In fact, it is impossible that Homœopathic doctors should not have the same *opinions* and mode of *treatment*, in their consultations, as they see the same objects through the same medium. That neither the features of a medicine nor of a disease can change, and therefore

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medical men, called to judge of the analogy of these two terms, must hold the same opinion. When you have chosen the proper remedy, always give it alone. A medicine is jealous of its individual liberty, and does not like to share its sphere of action with a neighbor. What it does, it likes to do alone, and it has its reasons for that, which you have learned, and moreover that this article of our Posology has been gradually received by our adversaries, who adopt it every day. Dr. Munaret says, "It is not a question of crying up officinal preparations, but of submitting their *specific nature* to study, and of the simplifications of our prescriptions, vainly insisted on by all good practitioners, from Hippocrates to the present day. *The mixture of medicines is the daughter of ignorance*, said the old philosopher. I add," says Munaret, "that polypharmacy is a very near relative to charlatanism." Dr. Munaret is Allopathic authority.

You have been taught that after choice of the medicine, the most important thing is the choice of the dilution, that while it is the most important, it is unfortunately the most difficult, and one of the most mysterious of the Hahnemanian code. This is the first phantom that rises to scare away practical research, the first thorn that wounds the foot of the neophyte in the path of medical experience." You have been taught that in the choice of your attenuation, you must be governed by the resemblance between the symptoms and the remedy, and where there is a perfect likeness, always select the highest. That the scale of doses begins with the mother tincture, and rises with every dilution to the highest mark, far beyond the reach of philosophy or arithmetic—as you have learned from clinical facts, that the scale of pathological manifestations is infinite, the scale of doses suitable to them should be infinite also. And remember, Gentlemen, that Homœopathy does not work miracles. It is neither foolish nor blind enough to raise its pretensions to the standard of the impossible, and should not bear the blame of the exaggerations of some of its followers, whose zeal sometimes amounts to rashness and fanaticism. When a patient has no longer any receptivity for medicines, all the efforts of science to save him become powerless. Though feeling capable, with your therapeutic lever, of moving the whole pathological world, you will like Archimedes, seek in vain for a fulcrum. You may strike,

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but your blows will fall on a vacuum. You may give medicines, but they drop into the vessel of Danaïdes. You may touch all the keys of the finger-board, but all are broken and mute. Laudable pride would erase the word IMPOSSIBLE from medical dictionaries, but unhappily, from the darkness of impotency, it stands out in letters of fire.

Every physician who promises what is impossible, and amuses his patient by the mirage of a cure, which is always to be expected, but never appears, compromises his conscience and lowers the dignity of his calling.

Having given you a brief epitome of the truths taught in our course, as a memento of the past, and a guide to your professional toils and labors in behalf of suffering humanity in the future, let me, in the name of our Faculty, assure you of our earnest desire for a career to each one of you more prosperous and successful than your ardent imaginations have constructed. Remember, Gentlemen, that it is only by toil and labor that you can build a reputation which shall last longer than life, and transmit your names to posterity, hallowed by the associations of goodness, justice and humanity.

In behalf of our Faculty, we bid you God speed.

[From the Hahnemannian Monthly for March, 1867.]

Cubebs in Croup.

BY EMIL TIETZE, M.D.

"Hallo, what are you doing here, you little imps?" we asked one morning a little crowd of plump and hardy looking fellows, whom, on our entering the room, we found in congregation around a small box of Homœopathic medicines, lustily prescribing for themselves, apparently without the slightest necessity, and certainly without the guiding light of the simile, and in gross violation of the famous three principles.

"Why, play doctor; don't you see?" was the naïve reply.

"Mercy!" cried the mother, entering by another door, nearly at the same time we did, "what are you doing, children? How often have I told you not to touch this box?" "Oh, well," she added, a little calmer, "I think they have not yet done any harm," quickly picking up, as she said so, a few vials, the corks

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of which were remarkably black from usage. They were labeled Hepar and Spongia, and told a story of their own, and we assure you, every word of it was true; so true, that whenever there was another new-comer in that family, we always fervently prayed that all the "sponge" he might require might answer in the "unroasted" state.

It is true, thousands of children, attacked with this fearful and treacherous disease, have been saved by our old, well known remedies. Thousands, we may also add, who, under old-school treatment, most surely would have lost their lives. And yet, among all the numerous diseases of children, there is hardly one which we more dread to be called upon to treat, than this. During a practice of nearly fifteen years, we have had our share in the treatment of this affection; our share of painful, heart-rending sights, of sleepless nights and days, full of anxiety, suspense, fear, ominous forebodings and depression. Who asserts never to have lost a case of croup, has, in our opinion, never treated one. We have not lost many, yet wish they had been fewer. Who would not? Perhaps they will be more and more so in the future. Whether the reader can find such a hope in our narrative, he must decide for himself. Here it is.

January 15th, 1867, 10 A. M. We were requested to call at the house of Mr. E. L., in Green street, to see his youngest daughter L., a little girl about five years old, of lymphatic constitution, stout and tall for her age. She is of fair complexion, has flaxen hair, and bright blue eyes, and is very lively and spirited, when well. We might add, that she is slightly psoric, if we could be but sure that this would be taken *cum grano salis*. She has had several attacks of croup within our recollection, one of which was very severe, and from which she recovered under the use of Jodium and Kali bichrom. We now find her playing in the nursery, a little drooping and out of spirits. She is hoarse, and breaks at times into a short, rough and barking cough, which she seemingly tries to suppress, yet the larynx does not seem sore at pressure. Pulse a little irritated, now and then, with a slight flush on the face, and with sometimes increased warmth of the hands. Soft palate, fauces and tonsils, though not inflamed, have a somewhat puffy and spongy appearance. The tonsils are very much enlarged, especially the right one, and are covered with a fine and dense

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net-work of highly congested vessels. The right tonsil protrudes considerably from its niche, completely filling out the right arcus glosso-palatinus, the uvula on this side resting on the tonsil. Thus the outlines of those different parts have almost disappeared, and become more visible only by deep inspiration. There is no exudate on either of these parts. She had been somewhat hoarse the day previous, yet had been allowed to be out doors for a little while. Her mother had given her Hepar and afterwards Jodium, which remedies she always keeps on hand. We advised to continue with Jodium 2 dec., ten drops in half a tumbler full of water, of which a teaspoonful was to be given every two hours, and requested the parents to send us word if she should be any worse towards afternoon or evening. The father of the child called at our office between 7 and 8 P. M., and reported that L. was by all appearances doing well; at any rate, not worse, and that he had left her sleeping. We gave him a powder of Kali bichrom. 2 dec., which was to be dissolved in half a tumbler of water, and given in place of the Jodium solution, if there should be any unfavorable change. At about 12 P. M., we were requested to come and see L., as she had grown much worse. Knowing both parents to be very collected and calm, even in trying situations, we felt very apprehensive of danger, and were only too sorry not to have been mistaken in our fear. For on entering the main hall we at once heard the dreadful, ominous sawing of the little heaving breast, which loudly and imploringly called for help from the sitting-room on the second floor. Patient, although her breathing had been more or less harsh, accelerated and oppressed, had nevertheless slept tolerably well until about 11 P. M., when she suddenly awoke with a paroxysm of coughing, which seemed almost to strangle her, and threw her in such agony that they thought her dying. She convulsively grasped her mother, who had taken her up, threw back her head, turned livid in the face, looked wild out of her eyes, struggling all this time for air, and attempting to cry, her breast moving up and down tumultuously. Finally, she had grown a little more quiet, and taken, in short intervals, two doses of Kali bichrom., which she had had some trouble to swallow, the act of swallowing having threatened to throw her into another attack of suffocation. We mentioned what sounds greeted us on entering the house. We found her

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in her mother's arms, restless, nervous and in agony. Pulse from 98 to 105, not higher. We will not attempt to describe the case more minutely, since every physician knows the impossibility of doing so satisfactorily. Suffice it to say, that our heart began to fail us. Under the circumstances, we will not be censured for not having again examined the oral cavity, &c., as we were fully convinced, from the nature and severity of the symptoms, that membranous exudates had formed. The noises accompanying inspiration up to this time were alarming.

We at once gave the little sufferer five drops of Tincture Cubebarum, in about half a teaspoonful of water. She swallowed it tolerably well. The effect of this remedy was surprising, indeed, for in less than fifteen minutes the child became more quiet, the breathing less laborious, wheezing and sawing. She was now taken to bed, and soon fell into an apparently sound sleep, with the first faint indications of mucous rattling. Thus she slept for some time, and during the night received but another dose of the same remedy, consisting of a teaspoonful of a solution of ten drops of Tincture Cubebarum, to ten teaspoonfuls of water. We went home with a lighter heart, honoring and thanking those to whom honor and thanks were due.

We need scarcely add that we found our patient much better the next morning. An inspection of the fauces and tonsils showed these parts still puffy and congested, yet to a less degree. The latter, on their posterior-inferior surface, were covered with a thick, grayish-white exudate, which seemed to extend down into both pharynx and larynx. These elevated exudative spots were not marked off very sharply and distinctly against the congested mucous skin of the tonsils, but diffused and dissolved themselves, as it were, from their thick margin, out into an opaque-colored, very thin layer, which surrounded the former to the extent of a sixth of an inch or so, and resembled in its appearance very much the slight corroding marks from the application of a weak solution of nitrate of silver. The hoarseness, although less, had not yet disappeared entirely, cough less spasmodic and looser, breathing still somewhat harsh, but normal as regards frequency. We continued with the remedy, adding a small quantity of water to the remaining solution. On our evening visit we found patient soundly asleep, breathing softly and quietly, and quite lively the following morning.

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We do not call this a model croup cure, if such there be any at all. The fact that Cubebs were given soon after Kali bich. may make it appear doubtful whether to the lastly given remedy alone belongs the praise. Yet a decided change was visible so suddenly after the first dose of Cubebs, changing, as it seemed, by magic, the whole alarming scene, that we incline strongly towards the belief that to the latter remedy belongs the credit of having effected this alteration. At any rate, we have never before witnessed, in a case of croup, so sudden and decided a change for the better, from any remedy we have ever given.

If any one should ask us the special symptoms upon which we based our remedial selections, we may safely refer him to Ss. 115, 118, 124, 126, 128, 129, 130, 152, 153 of the pathogenesis of Cubebs, as published in the Hahnemannian Monthly, although we must frankly confess, that at the time of selection, we had no other and asked for no stronger pillar than S. 124, which, undoubtedly, is the most important of them all.

Baehr in his Therapia, vol. ii., page 132, throws out a very practical hint, as regards the treatment of croup, in the following remarks: "Taking every thing in consideration, we must confess, that a treatment of croup, based solely on (subjective) symptoms, is not practicable, and that a frequent change of remedies, considered necessary in view of the change of symptoms, cannot have but fatal consequences. We know the effect of drugs to be applied, yet, which be the best, we best infer from practical experiments." Here no doubt, as on many other points, opinions will differ, yet we hope to be pardoned for confessing our adherence to that doctrine which at least must be acknowledged as coming from a reliable, experienced and eminent physician.

As regards the dose in which we gave the remedy, we have no apology to offer, even if some should deem us a "horrible sinner" on that account. Indeed, to tell the whole truth, we intend, whenever opportunity offers, to do precisely the same thing again, and shall do so mainly from the following reasons:

1. Dr. Trideau's cures were brought about by large doses. Those cures were effected "tuto, cito, et jucunde"—we, of course, except here the unpleasant effects of the Balsam Copavia. No cure can be thus (tuto cito et jucunde) effected without it is effected homœopathically. Homœopathic cures, when gained by doses too large, aggravate the disease. No such aggravation

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having taken place in Trideaux's cases, after the use of the specific remedy, we infer that the doses he used were not absolutely too large. Here we beg also to remember the form in which the Cubebs were given.

2. Cubebs, like Balsam Copavia, having in a diluted form in our hands never shown any prompt action upon the mucous membrane of other organs, we deemed it prudent, under so trying circumstances, to give this remedy in large doses, as we desired the quickest and most prompt effect possible.

3. The doses we gave showed not the slightest aggravation of the disease, but cured "tuto cito et jucunde." No drug symptoms have been observed afterwards, although we were for days conscientiously on the lookout for them.

The Students' Homœopathic Institute of Missouri.

Address of the President, CHAS. W. CLARK, *delivered Feb.* 26, 1867.

Ladies and Gentlemen: Fellow Members of the Students' Homœopathic Institute of Missouri, and Friends:

This being the first annual Commencement of the Students' Homœopathic Institute, we necessarily have but a brief history to lay before you. This Society was inaugurated in the early part of the course of lectures now about closing, by and for the immediate benefit of the students of the Homœopathic Medical College of Missouri, of which this Institute is an auxiliary of no little importance. We will very briefly state a few of the causes that led to its inauguration, and some of the advantages that have been, and are to be, derived from it.

Under the present system of teaching in our medical colleges, where the subjects taught are presented in the form of lectures, the listener must possess an attentive ear and a retentive memory, in order to secure the amount of benefit that should be derived from them, but, in default of one or both of these, he has to refer to books to make up the deficiency. This would not be difficult were there were but few lectures per day, allowing sufficient time for study; but when the number is increased to from six to eight, as is the case in most of our Homœopathic colleges, at least in this, the greater amount of matter presented

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upon subjects more varied, proportionately lessens the time for reflection and study; and consequently the student loses many of the valuable truths with which he should be acquainted. Not only does he lose many of the ideas entirely, but, from the number of subjects, and the frequent change from one to another, a misunderstanding or imperfect conception of many of the facts presented is very liable to take place; such imperfect knowledge being always detrimental to success.

The students, aware of the disadvantages under which they were laboring, appreciating the benefit to be derived from a frequent interchange of opinions, and fully alive to their own interests, in the early part of the present course of lectures drafted a Constitution and organized an Association, entitling it "The Students' Homœopathic Institute of Missouri," with its first, great and direct object, the mutual improvement of its members. This improvement is more or less accomplished by correcting the numerous erroneous ideas and impressions, so frequently made upon the minds of medical students by a misunderstanding of many of the multitude of truths so rapidly presented by the incumbents of the various chairs of the college, and by modifying and more firmly fixing in the mind the correct ideas received; thus assisting them in incorporating as their own, as many as possible of the principles and items imparted by their teachers, to be made use of and put to the test by them when they leave these halls of learning and take their place in the ranks of the profession, to support the only true system of medicine, and combat disease, humanity's fell scourge. To attain these objects, persons are elected monthly by the Institute, from its members, one for each of the chairs of the college, who pay especial attention to the subject of which they are chosen to take charge. They lose no opportunity of informing themselves on what has been lectured upon in their respective branches, and being thus fortified with the particulars of their subjects, they are prepared for duty. At the semi-weekly sessions of the Institute, each of these professors or sub-professors occupies ten minutes in rapidly and rigidly catechising the rest of the members; criticising the answers received, and explaining as far as possible anything that may have been misunderstood. At these meetings, relieved from the embarrassment sometimes felt in the presence of our superiors, where each one, true to a

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student's nature, believes himself to know almost if not quite as much as any of his fellow students, questions are promptly asked, explanations freely given, ideas constantly interchanged, errors corrected, short, spirited discussions carried on, and true conclusions arrived at in a manner that so rivets them in the mind that they cannot easily be forgotten. Thus we store our minds with much valuable knowledge that would otherwise have been forgotten, and, in consequence, go out from these halls more intelligent, more capable of advancing the glorious cause of Homœopathy, better prepared to practice the true healing art to the relief of our suffering fellow beings, and therefore reflecting more credit on our Alma Mater than we otherwise would do. Thus it is evident that it is not we alone who will reap the benefits of this Society, for, while it assists us in laying a firmer foundation for our future progress and success, it also, by its influence, tends to build up the College with which it is connected, and, what is better still, its benign influence will be felt in the relief of the suffering and their restoration to health; all of which will redound to the advancement and glory of Homœopathy. It also begets in its members that spirit of inquiry and desire to excel, which are so necessary for the Homœopathic student; for without them he would be unable to keep pace with the rapidly advancing science of which he is a devotee; in fact, with but a few years of inactivity, he would literally become a medical fossil.

The Institute this winter has proved a perfect success. All of the students of the College have heartily coöperated in the work. Those who have been chosen to fill the office of Professors, have felt their responsibility, and have fulfilled their duty in a manner creditable to themselves and profitable to the Institute. In fact, everything in connection with the Society has passed off peaceably, pleasantly and profitably, since its inauguration, and we hope, that as each autumn brings with it increased numbers of students to the halls of the Homœopathic Medical College of Missouri, it will also bring, as we are sure it will, a class that will appreciate the advantages to be derived from this Society, and entering it, will strive with heart and hand to improve themselves, advance the interests of this College and the cause of Homœopathy.

The Faculty of the College constitutes a Board of Censors, to

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which all disputed questions are referred and finally settled. The Professors and several other prominent physicians have been made honorary members. We have also established a treasury, and purchased suitable books, in which the Constitution and proceedings of the Institute are recorded, and will be preserved for the use of succeeding Classes. The Institute grants diplomas to those who expect to graduate at the College; and in this connection we take great pleasure in acknowledging the receipt of the munificent gift, from Dr. Wm. Tod Helmuth, of an elegantly designed and beautifully engraved diploma plate, from which we have already had printed a sufficient number of diplomas for present use. All surplus moneys remaining in the treasury, at the end of each term, is to be expended in the purchase of a library, for the exclusive use of the Institute; and we hope the Trustees of the College will not forget us when they erect their new College edifice, but will prepare an ample library and reading-room, expressly for the use of the Institute, in which this rapidly accumulating library may be preserved; and this will but add another to the already great number of inducements held out for students to attend this Institution.

The Daily Press a Medium of Medical Knowledge.

The time was when medical men, for what reason we know not, regarded it beneath their dignity to write any thing on medical subjects for daily or weekly newspapers; and it was rare for editors of that branch of the press to meddle with medical matters: but a change is gradually taking place, and we should not be surprised that, if in a few years, some of our city papers will find it to their interest to have regular medical departments, and competent editors to supply them. Already scarcely a newspaper from our large cities and towns but what contains something on medicine. This is as it should be, for it shows that the people desire information on a subject in which they are deeply interested, and there is nothing unnatural in this. And, furthermore there is nothing so mysterious in medicine that a layman may not, with a little reading and reflection, learn enough to be able to know when he has a real physician. To know this, even, would be of vast importance to many who are now subject to imposition, not so much from the grossly ignorant pretender, as from the quack with a regular diploma which are so numerously procured for money, from certain doctor manufactories, with but little regard to the qualifications of the recipient.

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The Homœopathic Medical College of Missouri.

THE PURCHASE OF A NEW BUILDING—ITS ARRANGEMENTS, &c.

In the last number of this journal attention was called to the Homœopathic Medical College of Missouri and its Commencement exercises. To-day we have to chronicle another step forward in the advancement of the Institution—viz., the purchase of a building, situate in one of the most respectable portions of the city, which will shortly be put under the necessary repairs to render it one of the most convenient Medical Colleges in the Union, and capable of accommodating between two and three hundred students.

Since the reörganization of the College, after the termination of the war, the affairs of the Institution have been regulated by two great and grand ideas—firstly, the purchase of a museum, and secondly, of obtaining a suitable and convenient college edifice. Every year additions have been made to the cabinet; wet and dry preparations have been purchased, and a handsome and extensive philosophical and chemical apparatus, at a large outlay, has been procured. So soon as this desideratum (without which satisfactory lectures on the various collateral branches of medical science are impossible) was obtained, the second step toward the ultimate success of the enterprise was inaugurated, viz., the purchase of a building. This also has been done, at a cost of nearly *thirty thousand dollars*, and will be ready to receive our students at the opening of the next session.

The arrangements are very complete. On the first floor are rooms for the dispensary, two Faculty rooms, the chemist's laboratory, and a large lecture-room capable of seating two hundred students. On the second floor is an amphitheatre, lighted from a dome from eighteen to twenty feet high; a museum, a private dissecting-room, and Faculty rooms, over which is a large, well ventilated and airy dissecting-room—lighted from above—and containing all the arrangements for facilitating dissection and the appropriate preparation of the cadaver therefor. It is so arranged that the students can enter the topmost floor of the amphitheatre from the general dissecting-

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room, while the private dissecting-room opens on the platform of said amphitheatre, for the convenience of the lecturer.

The building occupies a lot forty feet front, by one hundred and nine feet in depth, has a private entrance for the Professors, and is situate in the very centre of St. Louis, making it eligible to all parts of the city.

The Hospital is also undergoing repairs, and there will be additional advantages offered at this Institution for the proper education of the students. During the past year, those attending the College have had opportunity of witnessing very many cases of syphilitic disease, both primary and secondary; several cases of burns and wounds; the extirpation of cancers; two operations for lithotomy; resection of the elbow; a rare operation for hydatids of the liver; extirpation of a part of the inferior maxillary bone; Baker Brown's famous operation of removal of the clitoris; the new operation of perinæl urethrotomy; several cases of varix; excision of the sternal end of the seventh rib; strabismus; staphyloraphy; several cases of fistula in ano; fractures of the lower extremity treated by Swinburne's method; together with all the minor performances, as opening of abscesses, passing the catheter, paracentises abdominis, whitlows, &c., making *in toto* a surgical clinic of great value.

The Dispensary is also to be reörganized, and will present facilities to students for attending cases, including obstetrical, as out-door patients, all of which will be fully announced in the forthcoming circular.

Throughout the past three years, the faculty have striven by rigid economy in the pecuniary concerns of the College, by a careful regulation of its outside affairs, by a study of those points which are most necessary to render the student qualified for the proper performance of his after-life duties, and above all, by establishing among themselves a harmony of action which sees only the good of Homœopathy and the welfare of the Institution, to the abnegation of self,—to place in Missouri a College of which our sister Institutions and every Homœopathic physician in the country will be proud, and to lay the foundation of a Medical University which, *in years to come*, may be a credit to all concerned.

HELMUTH.

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THE WESTERN
HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, MAY 15, 1867. No. 5.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

WESTERN INSTITUTE OF HOMŒOPATHY.

We call attention to the meeting of this body, which takes place on Thursday, the 23d of May, at Indianapolis, Ind.

There is much work for the Homœopathic Physicians of the West to do, and we entreat all who are interested in the advancement of truth, and the amelioration of human suffering, to go up to the convocation prepared to work in good earnest and harmony—and in that event naught but good will result.

Surgical Clinic at the Good Samaritan Hospital.

LITHOTOMY.

BY WM. TOD HELMUTH, M. D.

GENTLEMEN: In the early part of May last a gentleman from Quincy, Ills., brought his son (a lad of about seven years of age) to my office, to ascertain if anything could be done for his relief. His symptoms were as follows: Frequent inclination to pass water, which was always worse at night or when lying down, attended with most excruciating pain, a few drops only being voided at once. The little fellow would lie on his stomach and cry aloud from the agony he experienced when micturating; there was some

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enlargement of the penis, with considerable elongation of the prœpuce, frequently recurring erections, and sometimes blood discharged with the renal secretion. Hearing this account, I decided that there must be a stone in the bladder, and questioned the father as to what had been done to relieve him. In reply, he stated that several physicians had attempted to find the stone, but none of them had been enabled to detect it, although on one occasion, one of the professional gentlemen thought he had discovered the offending material.

Let me, before we proceed further, say a word to you in reference to what is termed by surgeons, "*sounding.*" To be able to perform this portion of the operation, upon which *alone* the diagnosis of the case must be made out, you must possess a thorough knowledge of the anatomy of the urethra and the *curves* that it makes in different parts of the canal; otherwise not only will you subject the patient to much additional pain, but most dangerous results may follow the improper management of the instrument.

To sound a patient properly, the instrument must possess a very different shape than that of the common metallic catheter, the curve being the arc of a much smaller circle—such as I here present to you. It should be constructed of solid steel, be highly polished, with a broad, flat and rather thin handle, in order that any impression made at one extremity may be distinctly appreciated at the other; while that portion which enters the bladder should be of larger calibre than the shaft which remains in the urethra. Grasping then the penis in my left hand, and retracting the prœpuce, I put the organ somewhat upon the stretch, and direct its extremity at about an angle of forty-five degrees from the body. Taking then the sound, well oiled, between the thumb and forefinger of my right hand, which I hold close so the body of the patient, I introduce its point into the meatus urinarius, and allow it to glide along the urethra until the curve reaches the perinæum; then holding the tound and penis in my left hand, I gradually depress them, or turn them towards the feet of the patient, whereby the

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point of the instrument is raised, and then, with gentle pressure of the right hand, cause the curve to pass over the bulb of the urethra and into the bladder. This, gentlemen, understand me, is not "*sounding,*" properly so called—it is merely the *introduction* of the sound; the more delicate portion of the proceeding remains to be accomplished. The sound must now be held lightly in the hand, and must be moved about in all portions of the bladder until the peculiar click is heard or felt.* So soon as the operator has satisfied himself that the steel instrument has touched the stone, he must hand it to others of his professional friends and allow them also to be fully certain that beyond a doubt the calculus is present. This rule should always be followed; nor should the operation be commenced until several other surgeons have detected the offending material. It will therefore be seen that sounding for stone is a most delicate and difficult procedure; and when men, who have devoted a large portion of their attention to the consideration of stone in the bladder, say of "*sounding*"—that "To perform it well requires great tact in the use of instruments, a perfect knowledge of the anatomy of the urinary apparatus, and a degree of experience which multiplied observation alone can supply," and that "The want of success in the operation is not confined exclusively to the young, the ignorant or the unskillful," but that "men of the most consummate dexterity having occasionally failed in detecting a stone, when stone really existed," the procedure must be looked upon as all-important in the operation which we are about to perform.

The next step to be considered is the preparation of the patient. Having had the bowels evacuated by a full dose of castor oil—which, by the way, serves the double purpose of relieving the bowels and inducing thereafter constipation,—

*Although Dr. Walker and myself had both several times ascertained the undoubted presence of the stone, yet it was some time before we detected it on this occasion, the stone having found its way to the *bas fond* of the bladder. However, after some manipulation, the sound struck the stone with noise sufficient to be heard by the class.

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he must be brought to the edge of the bed, over which an oil-cloth or an india-rubber blanket has been laid, and the wrists and ankles of each side are to be firmly secured. An assistant must stand on either side, and with their hands upon the knees, must separate them as widely as possible. The chloroform may now be administered. An instrument resembling in shape a catheter, constructed of solid steel, with a groove a little to the left side, with a rounded extremity, and which is called a staff, must now be passed into the bladder, drawn up against the pubis, and given in the hand of a STEADY assistant. Gross says "a poor staff holder is a great curse;" and so he is, for a change in the direction of this instrument, its depression in a side-way position, may not only embarrass the operator, but may cause ultimately the death of the patient, by a division of wrong structures.

Having now all things prepared, the patient chloroformed and well secured, the staff holder steady and the staff in position; sponges, &c., at hand, the instruments beside him in a convenient position, and a good light falling upon the perinæum, which, if the patient be an adult, must be carefully shaved;—the surgeon seats himself in front of the patient, takes an ordinary scalpel in his right hand, and with the forefinger and thumb of his left, puts the skin upon the stretch, and enters the point of the knife on the *left* side of the perinæum, about an inch and a half above the margin of the anus, and carries it downwards and outwards to a little distance below the tuber ischii of the left side. Now in a child, as in the case of the patient, there is not much sub-cellular tissue, and therefore not a very deep incision is required; but in some instances, where the subject is fat, this cut must be fully an inch in depth. There is also one important point to be remembered in this part of the operation, viz.: the incision from the external surface of the perinæum to the point where the knife enters the groove in the staff, must be either conical or triangular in its shape, with the apex at the membranous portion of the urethra a little in front of the prostate gland; by bearing this in mind you

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will perceive that the nearer you approach the staff, the less extended must be your incisions. Placing now my left index finger in the upper angle of the wound, the transverse muscles and triangular ligament are successively divided, until I feel the staff clearly within the canal at its membranous portion. I still keep my finger in the wound, and with my nail for a guide, introduce the point of the scalpel into the urethra, and then withdrawing it, take in my hand a knife such as I here show you. It has a long blade and a long handle, with but a short cutting edge and a button-like extremity which fits into the groove in the staff. At this stage of the operation it is well to pause for a moment and have the staff drawn up under the pubes, and ascertain if it is in proper position, and finding it in place, I push *forward* the knife, it readily enters the bladder, which you discover by the gush of urine which generally ensues. Let me caution you here also with reference to the *direction* in which the knife is pushed. It should be carried *straight along* into the bladder, keeping the probe point well in the groove. Be very careful not to elevate the hand or allow the blade of the knife to look downwards—if you do this, it will slip from the groove in the staff, and be plunged into the rectum, instead of the bladder, and the whole operation spoiled. There is another caution. Do not *cut* too much of the prostate; withdraw the knife so soon as there has been made an opening into the bladder, and take the forefinger of your right hand and *gradually* enlarge the opening. Very frequently (as is the case now) you can feel the stone at the neck of the bladder, and by introducing a pair of forceps with broad and serrated jaws, the stone is readily removed. If it be impossible, from the size of the offending mass, to accomplish its withdrawal, the wound must be carefully enlarged to its utmost extent, and if still the calculus is not able to be withdrawn, it must be broken in pieces with a crusher. I now wash out the bladder very thoroughly with tepid water, by means of a good sized syringe, and again introduce my finger to ascertain if other calculi are present.

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There is none in this case, and therefore the patient is released from his bands, placed comfortably in bed on his left side, with an India-rubber cloth under the buttocks, to catch the urine which escapes, and the operation is completed. I employ neither compress, strap, bandage or catheter, and, as I trust, you will be able to observe a perfect and complete recovery will result.

The operation which you have just witnessed is that known as the lateral operation for stone, in contradistinction to others, which will be mentioned to you during the course of lectures.

I will occupy your time but a moment more by the examination of the calculus. It is evidently what is termed the *fusible* calculus, which is a combination of the phosphatic and the ammoniaco magnesian. It is extremely brittle, leaves a dust upon the fingers, and presents when broken a rugged and uneven surface. It resembles in appearance somewhat the oxalic calculus, which is termed by many "the mulberry," the chief component of which is the oxalate of lime. I show you here also several other varieties, which at some future time we may consider in detail.

NOTE.—The patient recovered without a single untoward symptom.

CASES FROM PRACTICE.

BY E. POTTER, M. D., OF SPRINGFIELD, ILLS.

I.—MONOMANIA. *Cured by Arsenicum and Cimicifuga Rac.*

June 20th, 1865, I was called to visit Mrs. C. W. G., who had been indisposed and under treatment five months. She is the mother of three children, aged eight, six and four years, respectively. The patient is thirty-one years old, dark complexion, bilious and nervous temperament. The symptoms indicated general exhaustion. The pulse was forty, and hardly perceptible; hands and feet cold as ice; appetite poor; sleep, about two hours in twenty-four, with constant moaning and starting of the limbs when falling

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asleep. A peculiar, sad and melancholic expression, with frequent shedding of tears, and lamentations in regard to her "sinfulness." Face and eyes sunken. Lower maxilia trembles so that it is difficult to understand a word she says.

My first prescription was Ars. 3d and Cim. 2d, in solution, alternately, once in two hours. This, continued for two days, produced the most marked improvement, the sleep being increased to four or five hours the second night, and the trembling of the maxilia entirely disappeared.

June 23. Ars. 6th and Cim. 3d, alternated once in three hours.

June 27. Appetite good, sleep regular and quiet, pulse fifty-five and soft, extremities warm and natural, and the patient quite herself in all respects.

Let her do without medicine for ten days, and then pre-prescribed Ars. 6th once a day, and Cim. 3d once a day.

The patient rapidly gained her strength and the normal use of the mental faculties, and has remained in perfect health to the present time—February, 1867.

II.—Menorrhagia. *Cured by Gossippium.*

Mrs. B., aged forty-six years; supposed she had passed the climacteric. For two years there was no appearance of the menses; and then the flow returned, and continued a number of weeks quite severely, ceased for a few days, and returned violently. At this stage of the trouble I was called, and prescribed, in succession, Secale-c., Sabina and Ferrum, without any apparent effect. Four days had passed in the use of the above named remedies, and nothing gained. I resolved to try Goss. 2d.

"℞. Goss. 2d, gtl. xx.
Aquâ Dist. ʒ ij. M.
2 teaspoonfuls once an hour until symptoms changed."

There was a marked change at the end of twelve hours; then continued the same remedy once in three hours for two days, when the flowing had entirely ceased, and the patient was much improved in the general health.

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About ten days after this, there was a slight return of the flow. I directed Goss. 2d to be used three times a day for a month; since which (now ten months) there has been no return of the flow, and no medicine used. Churchill commends Cam. Ind., and I have never used it in this disease.

III.—RHEUMATISM. *Cured by Phytolac. Dec.*

H. P. contracted a gonorrhœa about the 20th Dec., 1866, which, with the use of Acon. and Cam. Sat. (no wash of any description was used), was soon controlled. But an undue exposure to the severe weather produced a most inveterate rheumatism of the left knee. I must not take up time in penning the particulars of the treatment that followed; only say that Rhus T., Sulph., Acon., Puls., Thuj., Oc., &c., &c., all failed; and as *something must* be done, the patient all this while (four weeks) suffering intensely, I resolved upon Phyto. Dec., in solution, once in two hours, and a warm poultice of corn meal and Phytolac. Decan. crudum applied to the affected part and changed twice a day (the poultice should be as moist as possible). The effect of this treatment was most satisfactory; giving thorough relief in a few hours, and a gradual improvement, until a full and perfect convalescence was established.

"The Dissector,"

An Allopathic Quarterly Journal, has the following notice of

"A NEW WORK ON THE SCIENCE AND ART OF SURGERY, BY E. C. FRANKLIN, M.D., ST. LOUIS, MO."

"We have carefully perused the first part of this work, which has just been issued.

"The work fully confirms us in the exalted opinion we already entertained of Dr. Franklin's abilities as a surgeon. The details are explicit and readily comprehensible by any reader of ordinary intelligence. The descriptions of bandages and other points of minor surgery are made more plain than we have ever before seen. Some of the plates

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are entirely new, and some of the appliances are not found described in other works on surgery.

"The chapter on local anæsthesia is very interesting; and the illustrations of the inflammatory process are very apt.

"We cannot refrain from expressing both the disappointment and surprise we feel that a man possessing the acquirements of Dr. Franklin should adopt a theory so absurd and irrational as *we* believe that of homœopathy to be. That there must be an adequate cause for the production of an effect is so plain as to require no argument, and it does seem equally plain that the infinitesimal doses prescribed by homœopaths, if they are honest, are wholly inadequate to the production of the effects claimed for them.

"We are exceedingly sorry that a man capable of writing such a book as the one before us had not remained true to his first love.

"The work is to be issued in four parts of over four hundred pages each. Making a work of two Volumes of nearly nine hundred pages each. Price $12.00."

The Editor seems to be alike surprised and disappointed at Dr. Franklin's having forsaken his first love, and become an advocate of "a theory so absurd and irrational as *we* believe that of homœopathy to be." Now we can prescribe a very easy way by which the Editor can be relieved of all his mental difficulties on the subject. *First*, study the meaning of the words "*absurd*" and "*irrational*," and when the meaning is clearly fixed in his mind, then—*Secondly*, study the meaning of Homœopathy, and his disappointment and surprise will give place to emotions similar to the joyous feelings produced on the weary Pilgrim, who has been groping in darkness, when he sees the Eastern sky throwing its soft light over the rugged way, and making every step in his journey more easy, nay, even delightful! We are not surprised at the expressions of the Editor—they are the natural result of an entire ignorance of the subject, and much more consistent than those who profess to have an entire knowledge of Homœopathy, and yet pronounce it absurd and irrational.

Let us say one word more to the Editor of the *Dissector*.

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That is: that if he will subject Homœopathy to the most rigid examination—analyze all its doctrines by experiment—test all of its principles by the rules of science, philosophy and fact,—we shall be greatly surprised and disappointed if he too does not leave his first love and become an ardent advocate of Homœopathy.—[Eds.

Marriage and Longevity.

"At the annual meeting of the American Statistical Association, held recently at Boston, a paper was read, prepared by Dr. James Stark, of Edinburgh, Corresponding Secretary and Principal Director of the General Register Office in Scotland. The subject of the paper was the influence of marriage upon longevity. The writer had made observations and comparisons of the number of living population of Scotland with the number of deaths during a period of nine years. Among one hundred thousand living persons, of both sexes, it was found that in each quinquennial period, 597 married, and 1,174 unmarried, died yearly between the ages of 20 and 25; between 30 and 35, 865 married died, and 1,396 unmarried. The difference against unmarried life continued diminishing with the advance of age, until between the ages of 75 and 80 the deaths averaged yearly 1,108 married to 1,454 unmarried. Among males older than 20 years, the average duration of life was 59.7 years for married, and 40 years for the single. Among those above 25 years old, the average was 60.2 years old for the married, and 47.7 for the single. Among females, the difference, between 15 and 30, and 40 and 45 years, slightly favored single life; from 45 to 95, it strongly favored marriage; and upon the whole time of life, marriage appeared to add to to the longevity of women.

"The explanation of the facts indicated in these statistics is simply, that the additional labor laid upon a man by the burden of a family, is more than balanced by the restraint marriage sets up against vicious indulgences, which are prejudicial to longevity."

The above very interesting statistics contain an important truth, or fact, which we commend to the serious consideration of every unmarried man.—[Ed.

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CLASSIFICATION OF A FEW OF THE 'NEW REMEDIES,'

According to the Parts of the Body Acted Upon.

(After the Plan of Bonninghausen.)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from page 82.)

EARS.

Ears, remedies acting on—Æs. hip., aloes, bapt. tinct., cact. grand., cist. can., eup. perf., gelsm., hyd., iris, lach.-tincto!, lith. carb., murex per.., phytol., rumex, sang. can., tell., verat. vir., xan.

Right ear—Aloes, gelsm., lach. tincto., lith. carb., phytol., sang. can., xan.

Left ear—Aloes, lach. tincto., lith. carb., phytol., rumex, sang. can.,, tell., xan.

Ears, burning in—Æs. hip., aloes, sang. can., tell.

Ears, buzzing in—Aloes, cact. grand., iris, murex per., sang. can.

Ears, crackling in—Eup. perf., lach. tincto., sang. can.

Ears, crawling in—Lach. tincto.

Ears, dull hearing—Bapt. tinct., cact. grand., lach. tincto., phytol., tell.

Ears, deafness—Aloes, bapt. tinct., gelsm., tell.

Ears, digging pain in—Gelsm.

Ears, discharge of water—Cist. can., tell.

Ears, discharge of pus—Cist. can.

Ears, discharge excoriating the skin—Tell.

Ears, drawing pain in—Aloes, lach. tincto., phytol.

Ears, ache—Aloes, lith. carb.

Ears, itching in—Lach. tincto., rumex, tell.

Ears, increased sense of hearing—Phytol.

Ears, noise in, like the running of a river—Cact. grand.

Ears, pressing pain—Tell.

Ears, pulsations in—Aloes, cact. grand., tell.

Ears, ringing in—Aloes, hyd., rumex, verat. vir., xan.

Ears, roaring in (rushing in)—Bapt. tinct., gelsm., hyd., phytol., rumex, tell., verat. vir.

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Ears, singing in—Iris, lach. tincto., sang. can.

Ears, secretion of a thin wax—Tell.

Ears, sharp pain in—Tell.

Ears, stitches in—Aloes, gelsm., sang. can., phytol.

Ears, swelling in—Cist. can., tell.

Ears, sensitive to sudden sounds—Phytol., sang. can.

Ears, transient pain in—Aloes.

Parotid glands—Cist. can.

Sensation of cold in the ear—Lach. tincto., tell.

Sensation as if the ears were obstructed—Lach. tincto., phytol., rumex, tell.

Sensation as if a thread were tied tightly around the neck just below the ears—Rumex.

Crackling in right ear when he draws his fingers lightly over the right cheek, (not true of the left ear)—Sang. can.

Ears cold and pale—Verat. vir.

Ears bluish red—Tell.

NOSE.

Remedies acting on—Æs. hip., aloes, apoc. andr., asc. tub., bapt. tinct., cact. grand., caul., cimicif., cist., collin., corn. cir., erig. can., eup. perf., gelsm., ham., hyd., lach. tincto., lith.-carb., murex, phytol., rumex, sang. can., stict. pul., tell., trill., verat. vir., xan.

Right side and nostril—Æs. hip., aloes, hyd., lith. carb., phytol., sang. can., tell., xan.

Left side and nostril—Cimcif., cist., hyd., lach. tincto., tell.

Nose, burning in—Æs. hip., cist., hyd., lach. tincto., sang. can.

Nose, coldness in—Æs. hip., cist., murex.

Nose, cold—Aloes, verat. vir.

Nose, crawling in—Lach. tincto.

Nose, coryza fluent—Æs. hip., aloes, asc. tub., cact. grand., cimicif., corn. cir., eup. perf., gelsm., hyd.. lith. carb., rumex, sang. can., stict. pul., tell., xan.

Nose, coryza dry—Æs. hip., aloes, asc. tub., cact. grand., collin., hyd., lach. tincto., rumex, tell.

Nose, dry feeling in—Æs. hip., aloes, lith. carb.

Nose, discharge of bloody mucus—Cimicif., gelsm., hyd., xan.

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Nose, discharge of greenish mucus—Cimicif.

Nose, discharge of thick mucus—Bapt.tinct., hyd., tell.

Nose, discharge of watery mucus—Æs.hip., cimicif., eup-perf., gelsm., hyd., sang.can.

Nose, discharge of whitish mucus—Cimicif.

Nose, discharge from one nostril at a time—Phytol.

Nose, discharge profuse—Æs.hip., cimicif., hyd., verat.vir.

Nose, dropping from—Lith.carb.

Nose, drawing pain in—Æs.hip., phytol.

Nose, epistoxis—Aloes, asc. tub., cact. grand., erig. can., ham., hyd., lach.tincto., rumex, trill.

Nose filled with thick yellow mucus—Apoc.can., tell.

Nose, fullness of—Hyd., stict.pul.

Nose, itching in—Æs.hip., apoc.andr., asc.tub., corn.cir., gelsm., hyd.

Nose looks pinched, blue and cold—Verat.vir.

Nose pale—Verat.vir.

Nose, pustules on—Asc.tub.

Nose, pricking bony part of—Corn.cir.

Nose, pressing pain in—Lach. tincto., stict. pul., xan.

Nose, raw feeling in—Æs. hip., asc. tub., cimicif., pod. pel.

Nose, red—Aloes.

Nose, sore—Aloes, cimicif., hyd., sang. can.

Nose, scurfy—Aloes.

Nose, smell of roasted onions—Sang. can.

Nose, smell of honey—Apoc. andr.

Nose, smell lost—Sang. can.

Nose, sneezing—Æs. hip., aloes, apoc. andr., asc.tub., cimicif., cist., eup. perf., gelsm., hyd., rumex, sang. can., tell.

Nose, obstruction of—Cimicif., hyd., lith.carb., phytol., rumex, sang. can., tell.

Forced to breathe through the mouth—Phytol., tell.

Fluent coryza, alternating with stoppage of—Sang. can.

Posterior nares—Æs. hip., hyd., rumex, tell.

Posterior nares, discharge from—Rumex, tell.

Posterior nares, dryness of—Rumex.

Sensation of swelling of nasal mucous membrane—Æs. hip.

Sensation of tightness bridge of the nose—Ham.

Sensation of a hair in the nose—Hyd.

Sensation as if a cold would come on—Phytol.

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FACE.

Remedies acting on—Æs. hip., aloes, apoc. andr., asc. tub., bapt. tinct., cact. grand., chim., cimicif., cist., corn. cir., eup.-perf., gelsm., iris, lach. tincto, lith. carb., murex, nupr., phytol., pod. pel., rumex, sang. can., stict. pul., tell., trill. pen., verat.-vir., xan.

Right side of—Gelsm., lith.-carb., murex, xan.

Left side of—Æs.-hip., lach.-tincto., murex, phytol., tell., xan.

Twitching of muscles of the face—Æs.-hip., apoc.-andr., sang.-can., trill.-pen., verat.-vir.

Face bloated—Apoc.-andr., cact.-grand., cist.

Face blue—Cact.-grand., verat.-vir.

Face cold—Gelsm., verat.-vir.

Face discolored—Cact.-grand.

Face full—Sang.-can.

Face hot—Æs.-hip, aloes, apoc.-andr., bapt.-tinct., cact.-grand., chim., cimicif., corn.-cir., eup.-perf., iris, murex, phytol., rumex, sang.-can., tell.

Face, itching of—Apoc.-andr., asc.-tub., gelsm.

Face, numb feeling—Gelsm.

Face, pale—Æs.-hip., aloes, asc.-tub., cact.-grand., eup.-perf., gelsm., nupr., phytol., pod.-pel., sang.-can., verat.-vir.

Face, perspiration of—Gelsm., verat.-vir.

Face, red—Aloes, cact.-grand., cimicif., eup.-perf., lach.-tincto., phytol., rumex, sang.-can., tell.

Face, shining—Eup.-perf.

Face, stiff—Sang.-can.

Face, stiffness muscles of the jaw—Gelsm., sang.-can.

Face, sallow—Asc.-tub., eup.-perf., gelsm., lach.-tincto., pod.

Face, swollen sensation—Apoc.-andr.

Face, vessels of, distended—Bapt.-tinct., sang can.

Articulation of jaw—Cimicif., sang.-can.

Upper jaw—Cimicif., cist, sang.-can., xan.

Lower jaw—Apoc.-andr., cimicif., cist., stict.-pul.

Right jaw—Cimicif., xan.

Left jaw—Cimicif., cist., xan.

Contraction of obicularis oris—Gelsm.

Sensation as though the facial muscles would be drawn to one side—Cist. [Eruption, see Skin.]

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TEETH.

Remedies acting upon—Aloes, apoc.-andr., asc.-tub., bapt.-tinct, cimicif., cist., dios.-vil, gelsm., ham., hyd., iris, lach.-tincto., lith.-carb., phytol., pod.-pel., rumex, sang.-can., tell., trill.-pen.

Teeth of lower jaw—Asc.-tub., apoc.-andr., cimicif., iris, lach.-tincto., lith.-carb., phytol., rumex.

Teeth of upper jaw—Hyd., iris, lach.-tincto., phytol., rumex. sang.-can.

Teeth of right jaw—Aloes, asc.-tub., gelsm., lach.-tincto., lith.-carb., phytol., rumex, sang.-can.

Teeth of left jaw—Aloes, apoc.-andr., lach.-tincto., lith.-carb., tell.

Teeth front—Aloes, sang.-can.

Teeth hollow—Aloes, sang.-can.

Teeth filled with gold—Tell.

Teeth feel numb—Lith-carb.

Teeth feel sore—Bapt.-tinct., iris, lach.-tincto., phytol.

Teeth feel elongated—Iris, lach.-tincto., phytol.

Teeth feel loose—Lach.-tincto., lith.-carb., sang.-can.

Teeth covered with thick mucus—Aloes, asc.-tub., cimicif., pod.-pel.

Toothache—Aloes, cist., hyd., iris, lach.-tincto., lith.-carb., phytol., rumex, sang.-can., tell.

Grinding of the teeth—Pod.-pel.

Shooting pains—Phytol., rumex.

Tearing pains—Lach.-tincto.

Suppuration from the teeth—Cist.

Hæmorrhage from the gums after extracting a tooth—Dios.-vil., ham., trill.-pen.

Inclination to bite the teeth together—Phytol.

Sensation as if he could take the teeth out—Sang.-can.

MOUTH.

Remedies acting upon—Æs.-hip., aloes, apoc.-andr., apoc.-can., arum, asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., cist., collin., corn.-cir., dios.-vil., erig.-can., eup.-perf., euphorb., gelsm., ham., hel., hyd., iris, lach.-tincto., lept., lith.-carb., nupr., phytol., pod.-pel., rumex, sang.-can., tell., trill.-pen., Verat.-vir., xan.

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Lips—Aloes, arum, asc.-tub., cimicif., euphorb., iris, phytol., tell.

Tongue—Æs.-hip., aloes, apoc.-can., arum, asc.-tub., asc.-sy., bapt.-tinct., cact.-grand., caul., cimicif., cist., collin., corn.-cir., dios.-vil., eup.-perf., euphorb., gelsm., ham., hel., hyd., iris, lach.-tincto., lept., nupr., phytol., pod.-pel., rumex, sang.-can., verat.-vir., xan.

Gums—Aloes, asc.-tub., bapt.-tinct, cist., erig.-can., eup.-perf., ham., iris, tell., trill.-pen.

Saliva increased—Æs. hip., aloes, arum, bapt. tinct., cist., eup. perf., hyd., iris, phytol., pod. pel., rumex, sang. can., tell., verat. vir., xan.

Saliva diminished—Æs. hip., aloes, apoc. can., caul., cimicif., cist., corn. cir., dios. vil., eup. perf, gelsm., ham., hel., hyd., iris, rumex.

Tongue, tip of—Æs. hip., eup. perf., phytol., sang. can.

Tongue, root of—Bapt. tinct., cimicif., lach. tincto, phytol.

Tongue, edges of—Aloes, bapt. tinct., lach. tincto., phytol., rumex, sang. can.

Tongue, centre of—Bapt. tinct., lept., verat. vir.

Gums swollen—Bapt. tinct., cist., iris.

Gums bleeding—Asc. tub., bapt. tinct., cist., erig. can., ham., tell., trill. pen.

Gums pale—Aloes, asc. tub., cist.

Mouth, burning in—Æs. hip., arum, asc. sy., caul, corn. cir., euphorb., hyd., iris, phytol., verat. vir., xan.

Mouth, corners of—Eup. perf.

Mouth, cool feeling in—Tell.

Mouth, clammy—Corn. cir., hyd.

Mouth, paleness of mucous membrane—Eup. perf.

Mouth, phlegra, thick yellow in—Æs. hip., hyd.

Mouth, roof of—Cist., hyd., phytol., sang. can.

Mouth, sore—Aloes, eup. perf., hyd., phytol., trill. pen.

Mouth, ulcers in—Bapt. tinct., cimicif., hyd., phytol.

Mouth, scalded feeling—Caul., iris, phytol.

Mouth, tickling—Asc. sy., hyd.

Mouth drawn down at one corner—Verat. vir.

Tongue coated yellow—Æs. hip., asc. tub., bapt. tinct., collin.-can., corn. cir., eup. perf., gelsm., hyd., lept., verat. vir., xan.

Tongue coated yellowish-brown—Bapt. tinct.

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Tongue coated yellowish-white—Æs. hip., aloes, dios. vil., gelsm.

Tongue coated white—Asc. sy., bapt. tinct., caul., corn. cir., dios. vil., eup. perf., gelsm., hyd., iris, pod. pel., sang. can., tell.

Tongue, cold feeling in—Aloes, cist., phytol.

Tongue, crawling on—Sang. can.

Tongue, dry feeling in—Aloes, apoc. can., bapt. tinct., cist., hel., rumex, sang. can.

Tongue, hot feeling in—Xan.

Tongue feels as if scalded—Æs. hip., bapt. tinct., iris, rumex, verat. vir.

Tongue feels as if filled with needles—Arum.

Tongue feels as if burnt—Bapt. tinct., ham., rumex, sang. can.

Tongue feels numb—Bapt. tinct., gelsm.

Tongue feels thick—Bapt. tinct.

Tongue feels rough—Phytol.

Tongue, pains like a boil—Sang. can.

Tongue, red—Aloes, gelsm.

Tongue, raw—Aloes, cist, gelsm., iris, phytol., sang. can.

Tongue, swollen—Arum, bapt. tinct., cimicif., tell.

Tongue, stinging in—Æs. hip., bapt. tinct., rumex, sang. can.

Tongue, sensation as if paralyzed—Gelsm.

Tongue, ulcers on—Aloes.

Tongue, vesicles on—Euphorb., phytol.

Lips, cracked—Aloes, iris.

Lips, dry—Aloes, cimicif., iris.

Lips, inflamed—Aloes, arum, asc. tub., cimicif.

Lips, itching of—Asc. tub.

Lips, pale—Verat. vir.

Lips, pustules on—Aloes.

Lips, ulcers on—Cimicif.

Lips, vesicles on—Asc. tub., euphorb.

Breath offensive—Asc. tub., aloes, cact. grand., cimicif., cist., gelsm., pod. pel., tell.

APPETITE AND TASTE.

Appetite increased—Æs. hip., aloes, apoc. can., asc. sy., cact. grand., collin. can., gelsm., pod. pel., phytol., sang. can., trill. pen., tell.

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Appetite diminished or lost—Aes. hip., aloes, asc. sy., asc. tub., bapt. tinct., cact. grand., cimicif., corn. cir., eup. perf., gelsm., hel., iris, lith. carb., phytol., pod. pel., sang. can., tell.

Canine hunger—Aloes, asc. tub., caul., collin. can., eup. perf., gelsm., phytol., pod. pel.

Alternate increase and loss of appetite—Gelsm.

Hungry soon after eating—Pod. pel.

Craving for particular things—See "Desire for and Aversion to."

Taste acid—Cact. grand., hyd.

Taste bad—Asc. tub., bapt. tinct., cimicif., corn. cir., gelsm., hel., hyd., pod. pel., sang. can., xan.

Taste of blood—Asc. tub.

Taste bitter—Aes. hip., aloes, bapt. tinct., collin. can., corn. cir., gelsm., hel., phytol., rumex, sang. can., verat. vir.

Taste clayey—Aloes, tell.

Taste diminished—Iris.

Taste flat—Aes. hip., bapt. tinct., hyd., iris, lept., verat. vir.

Taste fatty—Iris, sang. can.

Taste of fried liver—Pod. pel.

Taste lost—Corn. cir., dies. vil., eup. perf.

Taste like nuts—Phytol.

Taste metallic—Aes. hip., aloes, phytol., tell.

Taste pungent—Corn. cir., hyd.

Taste pappy—Aloes, lept.

Taste sweet—Aes. hip., apoc. can., nupr.

Taste slimy—Aes. hip., sang. can.

Taste sour—Aloes, pod. pel.

Taste unnatural—Bapt. tinct., cact. grand.

THROAT AND ŒSOPHAGUS.

Remedies acting upon the throat and œsophagus—Aes. glab., æs. hip., aloes, apoc. can., arum. trip., asc. tub., bapt. tinct., cact. grand., cimicif., cist. can., eup. perf., gelsm., ham., hel., hyd., iris, lach. tincto., lith. carb., phytol., pod. pel., rumex, sang. can., tell., verat. vir., xan.

Right side of—Phytol., pod. pel., sang. can., xan., tell.

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Left side of—Cimicif., lach. tincto., phytol., pod. pel., tell.

Throat, aching pain in—Rumex.

Throat, burning in—Aes. hip., aloes, apoc. can., arum trip., bapt. tinct., cimicif., cist. can., eup. perf., gelsm., iris, phytol., sang. can., verat. vir.

Throat, biting (smarting) pain—Aes. hip., arum trip., asc.-tub., corn. cir., eup. perf., hyd.

Throat, contractive pain—Aes. hip., arum trip., asc. tub., bapt. tinct., cact. grand., gelsm., verat. vir.

Throat, cool feeling in—Cist. can., tell.

Throat, constant pain—Aes. hip.

Throat, choking sensation—Corn. cir., eup. perf., phytol., sang. can.

Throat, dull pain—Aes. hip.

Throat, dryness of—Aes. hip., aloes, apoc. can., cimicif., cist.-can., corn. cir., eup. perf., gelsm., ham., hel., iris, lach. tincto., phytol., pod. pel., sang. can., tell., verat. vir.

Throat, fullness of—Bapt. tinct., cimicif.

Throat, hawking—Aloes, æs. hip., cist. can., hyd., lith. carb., rumex. (See Larynx.)

Throat, itching in—Aes. hip., bapt. tinct., cist. can., lach.-tincto., tell.

Throat, stiffness of—Aes. hip.

Throat, scraping in—Aes. hip., aloes, bapt. tinct., cimicif., rumex, tell.

Throat, stitches in—Cist. can.

Throat, sharp pain in—Tell.

Throat, tearing pain—Cist. can.

Throat, transitory pain—Asc. tub., sang. can.

Throat, throbbing in—Xan.

Throat, pressing pain—Aes. hip., aloes, phytol., tell.

Throat, pricking in—Aes. hip., bapt. tinct., lach. tincto.

Throat, rawness of—Aes. hip., aloes, bapt. tinct., cimicif., cist. can., hyd., iris, lith. carb., phytol., rumex, xan.

Throat, roughness of—Cimicif., dios.vil., lach. tincto., phytol., tell.

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HOMŒOPATHY AND PHYSIOLOGY.

BY JOHN HARTMANN, M. D.

Is a Diagnosis, based on Physiology, necessary for the selection of a remedy; or the knowledge of a group of symptoms, gained by provings of drugs, sufficient for making a correct prescription for similar symptoms of disease?

Every reflecting Homœopathic physician, I suppose, has often asked this question of himself; and to this very day the answer has been so varying, that for this reason the edifice of Homœopathy is based upon a shifting foundation, as it is when the question is asked, what is the *proper* quantity of medicine to be administered; and until in these respects a more permanent foundation has been established, Homœopathy will remain a structure with as little claim to permanence as that of Allopathy.

If we listen to but one side, the symptom-coverers, who call themselves the true and only real Homœopathists, when they give an opinion on the subject, we are taught to believe, that they have a right to condemn every one as a heretic, or a non-Homœopathist, who does not believe in their method of curing according to the symptom system, and call those who go still further, to bring Homœopathy to a system based upon Physiology, regular renegades.

In the present paper I shall endeavor to illustrate the scientific authorization of these different opinions, and the reader may then draw his conclusions where to separate truth from error.

Physiology, like many other sciences, is a speculative one; that is, its principles are not perfectly understood, or entirely settled, but admit of new conclusions, based upon truths elicited by speculation, the results of which are the establishment or foundation of rules or laws. In other words, Physiology endeavors to obtain positive knowledge of such phenomena in our organism which, without examination and study, would be regarded as miracles.

The adherents of physiological medicine therefore say, since we know the normal functions of our organism, in part positively, in part with great probability, we can only with proba-

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bility discover the location of the disease; and this leads us to the observation of the symptoms; and also to the nature of the changes to which the diseased part of our organism, or of such part of it as has become abnormous in its functions, is subjected; and as similar symptoms often originate from very different causes, therefore we must, at the same time, direct our attention to the symptoms and the cause, to enable us to select our remedy. The Diagnosis accordingly is just as necessary to the selection of the remedy, as the remedy itself is necessary to the cure of the disease.

We select, for example, remedies for headache caused by congestion of blood, different from those suitable to rheumatic or nervous headache. In the same manner we act in case of diarrhœa caused by a cold, or caused by a disordered stomach; we notice the different variations of the activity of the bowels, the position of the pain, if there be pain, whether in the ilium, colon or rectum; in short, we diagnose the disease that we may be enabled to apply, with as much certainty as possible, that remedy which by similarity of symptoms, as well as by physiological qualities, recommends itself as the best.

But in order to do all this, we must not be satisfied with having deposited in our therapeutics a number of remedies collected a half a century since, well examined and systematically arranged; nor must we be contented with what experience has confirmed, that a proved drug used in case of a disease which shows similar symptoms to the drug in the healthy organism, is a *real* remedy; no, we must also know why it is such, and until we know that, our therapeutics cannot claim to be a science.

What have the adversaries of physiological medicine to oppose to this assertion? They bring forward facts collected at the sick-bed; they tell you that according to our principle of similarity, we selected this or that remedy without regard to its physiological effect, and it caused relief; for what do we want physiology? Proof of drugs and experience at the sick-bed are the *real* sources from which the true physician must draw; we do not require a diagnosis to cure the sick, and *curing* is finally the main endeavor of the physician.

To justify their assertions, they skillfully hunt up weak and imperfect points in the physiological medicine, taking care, however, not to touch what has been positively gained, doing so

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either from malicious motives or ignorance. If such a realization of our medical treasure is sufficient, then we do not elevate ourselves above the level of those natural doctors, who also confine their medical wisdom to the knowledge drawn from experience, which teaches them that this or that remedy has been successfully applied in this or that disease, and for this reason it must be applied again in a similar case.

Neither the former nor the latter exert themselves to understand *why* this remedy has caused a cure, or *what* physiological powers have been operated upon. No, to them success is sufficient, and with it experience is the mother of wisdom exclusively. That science does not gain anything by such contentedness, that on the contrary we yield all our rights to consider ourselves equal in all respects to the Allopathic school, and justify its adherents to regard our actual attainments in science as superficial or "humbuggery." This, however, gives but little concern to the symptom-doctor; all he desires is success in effecting a cure, and thus satisfying his patients.

If scientific men had always been as contented as this class of Homœopathists, our attainments in Astronomy, Chemistry, Physiology and other branches of Natural Philosophy would be backward of where they now are a thousand years. The astronomers would have been satisfied to know that the sun shines in the day, and the moon at night; the chemist that fire burns, and that ice is a liquid congealed by cold, and that salt and sugar are soluble in water, and that wine, exposed to air, changes to vinegar; the physiologist, that we breathe by means of lungs, and that digestion is performed in the stomach. But since the thinking man, upon common and everyday occurrences looked with an observing eye, and searched for an explanation, natural laws were discovered, which solved most of the mysteries of nature in a natural way.

But as soon as the spirit of enquiry was excited and nourished by results gained, it was urged to still further investigation, until it arrived at explanations and information on subjects which, without such researches, would to this very day belong to the kingdom of wonders.

It is just the same with our medical science. More by accident than by study, Hahnemann discovered the rule or law,

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"*Similia similibus curantur*" for the application of remedies. Based upon this discovery, he continued his investigations, and after he had ascertained that this law of similarity is the only proper one in all cases, then he submitted for examination to the medical world his system gained by accident and confirmed by experiment. Hahnemann further found that remedies applied according to the law of similarity, must be given only in very small doses, because instead of improvement, deterioration of the symptoms of disease followed. This fact also was found to be true, and Homœopathy in its present condition resulted therefrom.

We had now a system which, though discovered by accident, nevertheless invariably proved itself to be true; but this could not satisfy the philosopher and investigator; he wanted to know how to connect the principle of similarity with the rules of Physiology, and medicines attenuated beyond measurable imponderousness may, according to the laws of nature, still produce effect on our organism.

Those investigators who do not wish to oppose Homœopathic principle, but who want only to satisfy themselves about the "why and wherefore," are the adherents of physiological medicine; they are those who endeavor to trace back the reciprocal effect of remedies applied to an organism to the unchangeable laws of nature.

How far they succeeded I will attempt to show by a few examples. We know that diarrhœa originates from different causes, and that every different cause gives a different character. Diarrhœa caused by a cold, is watery, frequent, somewhat offensive as to smell, and often intermixed with bile. Diarrhœa caused by an overloaded stomach, is pulpy, fetid, accompanied with eructations and water-brash, sickness at the stomach, griping pains, and sometimes vomiting. Diarrhœa caused by the presence of too much acid in the stomach, as is often the case with children, is accompanied with colic and sour smelling discharges in quick succession. In one case we administer Dulcamara or Bryonia; in another Ipecacuanha, Pulsatilla, etc.; in the third Rheum or Magnesia—the latter especially as the principal remedy, most probably from its property of absorbing or neutralizing acids. In every one of these three cases, however, without reference to the cause, if convalescence does not

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take place by the specific remedy, we would, and mostly with success, do use Sulphur; but not because we suppose a psora affliction, but because Sulphur is not only according to the laws of similia, but also to the physiological laws, one of the best remedies. Lasting diarrhœa relaxes the activity of the bowels; with the abatement of the peristaltic motion, the chilification, and from that the preparation of the blood becomes abnormal. Sulphur, however, is a remedy which quickly passes into the blood, and one which stimulates the vessels in the bowels, by which the peristaltic motion is accelerated and the secretion of the mucous membranes of the bowels is increased. Therefore it causes diarahœa, when administered in large doses and in a healthy condition, and according to the laws of similia we are justified in administering it as a remedy for diarrhœa; and also from its above mentioned physiological qualities will, even when administered in the smallest doses, operate favorably through the blood upon the diseased intestines, and, physiologically correct, cause a cure.

Arnica, according to Jute's Codex of Symptoms, *is said* to produce red, blue and yellow spots similar to suggilations. It is therefore applied in cases of bruises, when the blood extravasates and suggilations form. According to its physiological qualities in case of contusions, its use, however, is also correct; for the cause of the extravasations is injury to the capillaries, which either break or mechanically empty their blood into the cellular tissues, or become inactive or incapable of the transformation of the blood. Arnica now increases their activity without causing inflammation, and thus homœopathically and physiologically produces a cure.

Of *Nux Vomica* we know, that its principal effect, on account of the Strychnine it contains, is on the spinal system, and thence principally on the motoric muscles. The area of its usefulness is one of the largest, and if it would not carry us too far, I could demonstrate in the easiest manner that this remedy operates physiologically when applied homœopathically.

Homœopathy, then, is our guide, who shows us how to cure, and Physiology the teacher, who explains *why* Homœopathy leads us in the right direction, and *why we cure*. It furnishes light to the path left dark without it. We can *scientifically* answer any questions propounded by our adversaries, and the

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better we know how to do it, the better can we convince and convert; and the time is not far off when Homœopathy will have entirely beaten off the field her older self-survived sister.

Physiology does not only give us explanations of the law of similia, but also of all other appearances which we have an opportunity of observing in the proving of drugs or in our practice. Thus it is, for instance, one of the principal arguments of our adversaries, that they can swallow a large quantity of greatly diluted medicaments without receiving any inconvenience whatever; and from this they draw the conclusion, that our small doses have no effect upon disease. To this Physiology replies, Very true, the greatly diluted remedy has no sickening effect upon the *healthy* organism, but in the *diseased* body the medical irritation is strong enough to introduce a change and to cause a cure; and we prove this by an instance that would have been disclosed to you long ago, if you had only observed every-day occurrences with less thoughtlessness. If, for example, the most diluted solution of Alum be applied to the smallest wound, a pain will be felt, that is, it will cause a medical effect; whilst a concentrated solution of Alum, externally applied to our body, is scarcely perceived. A wound, however, in the closer sense, is nothing else than a disease—that is, an interruption of the normal function of our organism; whereby the capillaries, being laid open by a separation of the surrounding skin, becomes, if not artificially closed by the access of oxygen, oxidized—that is, suppurated—and may by a combination of circumstances even end fatally. Another instance: with sound organs of respiration we can take a good deal of Natrum Muriaticum before we perceive an inclination to cough; and the Allopathic physician, Dr. Waldenburg, as he declares in his work on inhalation, applies with great success Natrum Muriaticum in truly Homœopathic doses, in cases of blenorrhœa pulmonum, a proof that a remedy which has even *in large doses only a slight effect* on the *healthy* mucous membrane of the lungs, operates *very salutary in its utmost dilutions.* By means of dilutions any remedy loses, in an equally progressive degree, more of its quantity than of its quality, as Professor Dr. Jolly has clearly demonstrated by his experiments with solutions of Nitre. He subjected a certain quantity of Nitre, dissolved in distilled water, to a pressure of several atmospheres, and since Nitre is

more compressible than water, he was enabled, according to calculation, to show that the pressure of one atmosphere reduces the volume of water 51–1,000,000; to detect how long the water contained Nitre, by continuing to make dilutions, and again subjecting them to the pressure of a number of atmospheres, he obtained the result, that in the last dilution, which was equal to the 30th potence (according to the decimal system), the existence of Nitre was proven beyond a doubt. From this it follows, that there exists even sufficient healing matter in the dilution of the so-called 30th potence to effect a cure. In the trituration of metals and minerals, under the microscope, medical particles can be proved to exist up to the 12th potence.

Why the effect of many remedies in the substance is different from dilutions, can also be explained, especially with those which are composed of alkaloids and extractive matter, as for instance Aconite, Nux Vomica, Ignatia, Strammonium, Belladonna, etc. Such remedies are materially different in themselves in progressing dilutions, because the alkaloid, being less soluble than the extractive matter, will remain latent longer than the latter, and therefore the effect of the extractive matter, which is manifested more in the blood system, is predominant in higher dilutions; while on the contrary, that of the alkaloids, which has more for its sphere of action on the mucous system, will be the less perceivable.

Posology is another bone of contention in Homœopathy. The followers of dynamism, as well as those of materialism, have their battle-ground, on which they are defending their respective positions; and thus it results, that while the dynamist starts from the principle, that by dilution and trituration latent properties are more and more developed, he gradually comes to the higher potencies. The materialist is afraid that by going too far he would diminish the effect. The awkward position in which both parties are placed by the defective theories, shows itself the best by having an opportunity to observe them at the sick-bed. The dynamist, who generally is a physician possessed of great self-confidence, prescribes one dose of high potency and waits for its effect. If the case be a critical one, and takes a rapid course for the worse, if the expected change for the better does not show itself soon, he gets uneasy. He administers the remedy then at short intervals, if convinced of a correct choice

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of the remedy, and at last comes to the conclusion to prescribe in lower potencies, to be enabled to take home the satisfaction that he has done all he could. The more careful materialist generally follows a course in the reverse manner; he commences with the lower attenuations, and if the sickness under his treatment is getting worse, he is under the impression that he has before him a deterioration caused by his medicine, and at last he arrives at a point whence the other started, and administers high potencies.

I have endeavored above to demonstrate the presence of medical matter in the 30th potency; but if beyond this a healing power exists in it, it has to be proved, and for this reason the number of believers in dynamization of drugs is decreasing, because the analytic spirit of the age is only satisfied with results derived from experiment and scientific deductions, and which have their *natural* explanation. Therefore it seems to me, that the adopted manner of most of the Homœopathic physicians, the mixing of small doses of the lower dilution with a certain quantity of water, to be taken at certain intervals by teaspoonfuls, is the really rational way of administering Homœopathic remedies, because it is the true mediator of the dynamic and natural wings of Homœopathy. Finally, I will try to give an explanation of the phenomenon, which has been observed in the proving of drugs, viz., the effect which different medicines predominantly have, either to the left or to the right side of the body. All organic or inorganic matter has, according to the different elements it contains, either positive or negative electricity; the same matter changes its electric character by friction, shaking, &c., and changes from positive to negative, and vice versa. Thus we know from experiment that, for instance, Kreosote being primitively a fluid with positive electricity, changes to the negative if placed on a positively loaded conductor. Ipecacuanha in lower dilutions is negative, and in high dilutions it becomes positive. Strammonium, China and others are positive; Belladonna, Lachesis and others are negative; and exactly according to their electric qualities, these remedies show their effect, the positively electric on the left side and the negatively electric on the right side of our body. This phenomenon caused the physiologist, who was satisfied with the fact, to meditate and to experiment; and he discovered, by the use of the so-called reäction apparatus, that the electro-negative stream circumvolves the fingers of the right hand and the right forearm from right to left, and the electro-positive stream the left hand and the left forearm from left to right; and now he had the explanation to this marvelous observation by the provings of drugs, and the scientific answer to the skeptical questions of our opponents.

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Thus Physiology more and more smooths and illuminates the path of Homœopathy; and it is to be regretted that the Homœopathists do not make Physiology more and more their main study than they have heretofore done.

"WESTERN HOMŒOPATHIC OBSERVER."

With this issue of the journal, the management of it by the Homœopathic Medical Society ceases.

Mr. H. C. G. LUYTIES takes the entire control and exclusive Editorship.

WESTERN INSTITUTE OF HOMŒOPATHY.

The following gentlemen, who were appointed to report on the subjects assigned them, are urgently solicited to appear at the meeting of the Institute, which convenes in the city of Indianapolis, in the Senate Chamber of the State House, on Thursday, the 23d of May. A full report is desired from each of the members of the Committees.

Drug Provings.....Drs. G. W. BARNES and W. H. BURT.
Surgery.....Drs. J. S. MITCHEL and H. C. ALLEN.
Anatomy.....Drs. HELMUTH and COLTON.
Physiology.....Drs. HOOPER and HINCKLEY.
Obstetrics.....Drs. WALKER and SAPP.
Chemistry.....Drs. SHIPMAN and HOFFMAN.
Pharmaceutical Preparations...Dr. E. M. HALE.
Clinical Medicine.....Drs. P. H. HALE and BLACKBURN.
Pathology.....Drs. DRAKE and COMSTOCK.
Contingencies of Labor.....Dr. R. LUDLAM.
Topical Applications.....Drs. COOPER, BECKWITH and FRANKLIN.

E. M. HALE, M.D., *Cor. Sect.*

A Call to Organize a State Homœopathic Medical Society in Indiana.

The Homœopathic physicians of the State of Indiana are urgently invited to assemble in the Senate Chamber of the State House, in the city of Indianapolis, in the afternoon of the day before the meeting of the Western Institute of Homœopathy, which convenes on Thursday, the 23d of May, 1867.

W. EGGERT, M.D.,
N. G. BURNHAM, M.D., } Indianapolis.
— BEAR, M.D., Richmond.

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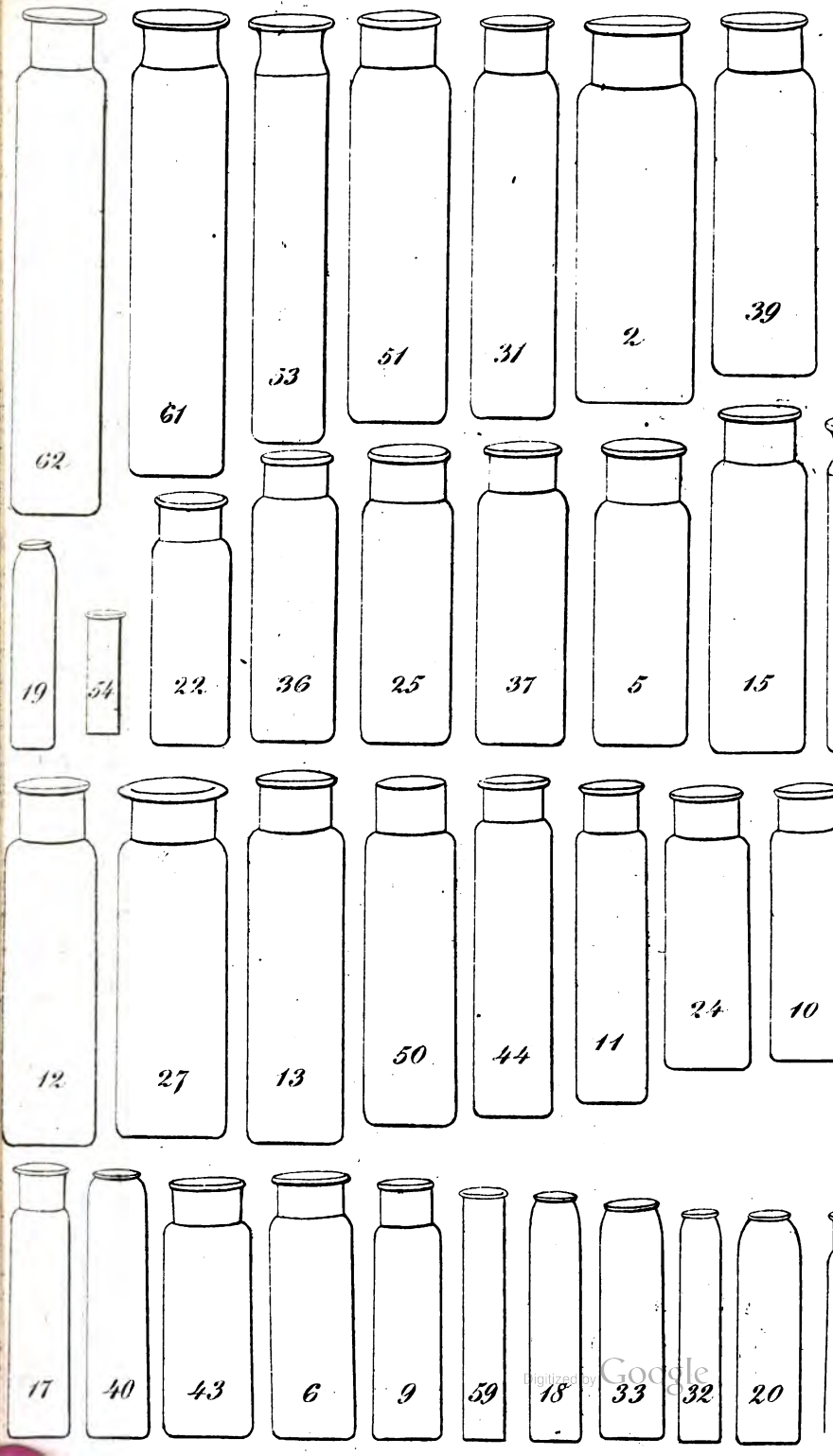

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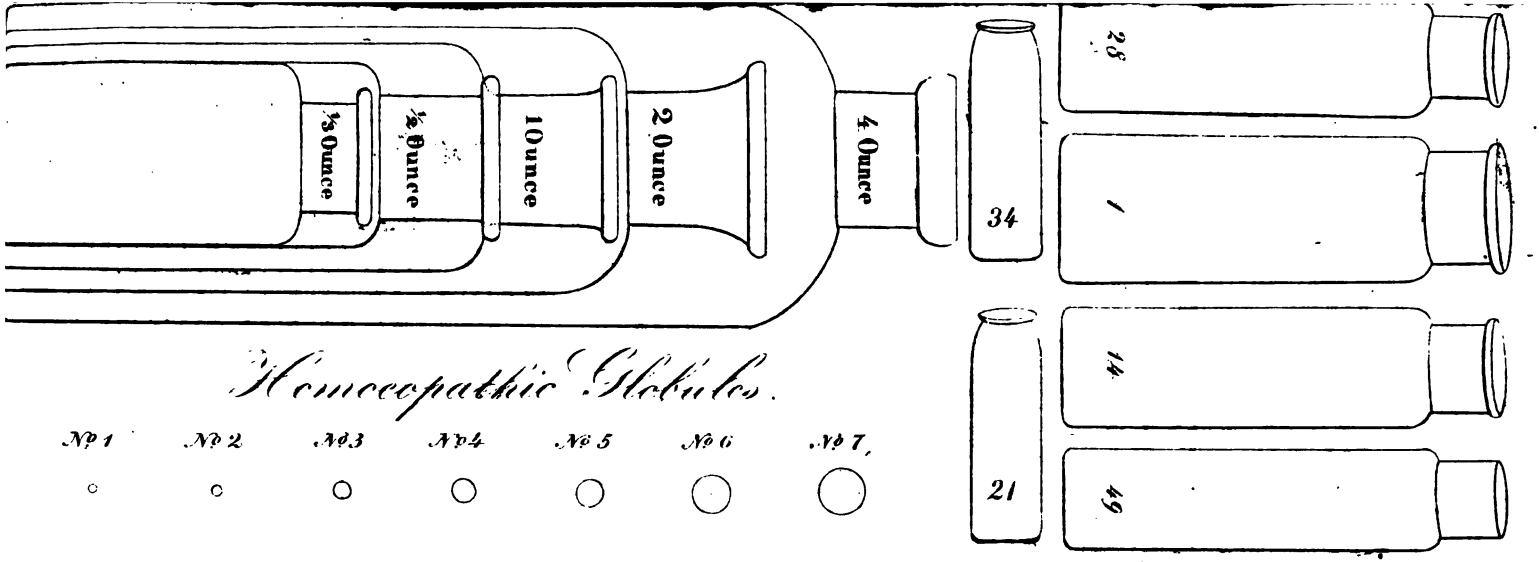
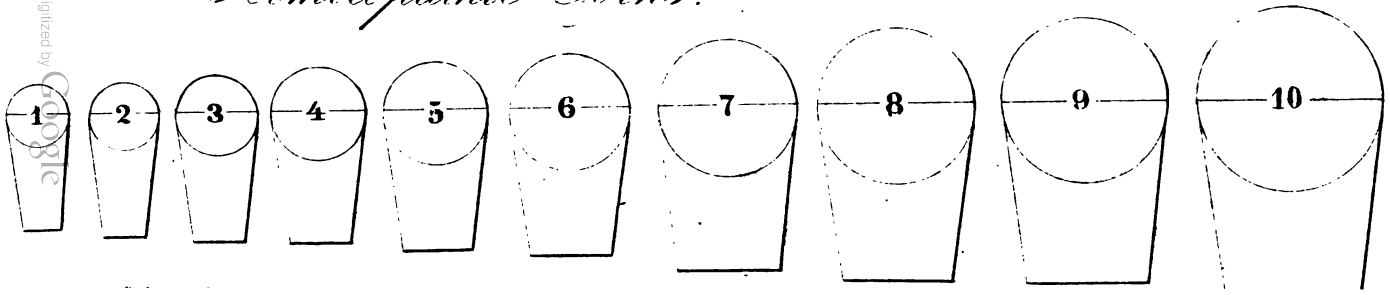


Homœopathic Globules.

№ 1 № 2 №3 №4 № 5 № 6 № 7.

Homœopathic Corks.



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MEDICINE CASES,

FOR SALE AT

LUYTIES' HOMŒOPATHIC PHARMACY,

306 NORTH FIFTH STREET,

ST. LOUIS, MO

MARK OF CASE.	NUMBER OF VIALS.	SIZE OF VIAL.	POCKET CASES.	VIALS CORKED.	FILLED COMPLETE.
No. 1.	6 vials.	No. 2, 2 dr.	Single flat Cases.....	$1 00	$2 00
" 2.	6 "	" 14, "	" " "	1 00	2 00
" 3.	9 "	" 18, 1½ dr.	" " " covered with Turkey Mor.	1 35	2 00
" 4.	12 "	" 33, "	" " " " " " "	1 50	2 00
" 5.	18 "	" 43, ½ dr.	" " " " " " "	1 75	2 50
" 6.	24 "	" 60, 1 "	" " " " " " "	2 25	3 50
" 7.	27 "	" 10, ⅓ "	" " " " " " "	2 25	3 75
" 8.	36 "	" 37, 1 "	Double " " " " " "	3 50	5 00
" 9.	48 "	" 13, 1½ "	" " " " " "	4 50	7 50
A.	16 "	1½ dr. vials.	Wrapper Case, strap, white leather.....	2 00	3 00
B.	16 "	"	Steel frame, Portmonnaie Case.....	2 25	3 25
C.	18 "	"	do. partitions between the vials..	2 75	3 50
D.	18 "	3 dr. vials.	Stiff Case, Turkey Morocco.....	2 25	4 00
E.	15 "	No. 55.	Single Pocket Case, one fold.....	2 50	4 00
F.	20 "	1 dr. "	Wrapper Case, strap.....	2 00	3 50
G.	20 "	3 dr. "	do. white leather, strap.....	2 00	4 00
H.	20 "	No. 11.	do. fine Turkey Morocco.....	2 00	3 25
J.	24 "	1 dr.	Four compartments...	3 00	5 00
K.	24 "	1 dr.	Drawer on both sides.....	2 25	4 50
L.	24 "	No. 51, 1½ dr.	Wrapper Case, Turkey Morocco, 2 folds....	3 50	5 00
M.	24 "	No. 30, 3 dr.	do. do. do.	4 00	7 00
N.	30 "	No. 59.	do. do. do.	3 00	4 25
O.	30 "	No. 17, ¾ dr.	do. do. do.	3 00	4 50
P.	36 "	No. —	do. do. 3 folds....	4 00	7 00
Q.	45 "	Nos. 10 and 55.	do. do. 2 folds, 1 row long vials and 2 rows short vials.	4 50	7 00
R.	45 "	No. 55.	Wrapper Case, Turkey Morocco, 3 folds....	5 50	10 00
S.	48 "	No. 24.	do. do. 2 folds....	4 50	8 00
T.	60 "	do.	do. do. do.	5 00	9 00
U.	60 "	No. 10.	do. do. do.	4 50	8 00
V.	60 "	No. 60.	do do. do.	5 50	9 50
W.	72 "	do.	do. do. 3 folds....	6 00	10 00
X.	80 "	No. 59.	do. do. 2 folds....	5 50	8 50
Y.	200 "	No. 54.	Upright, with spring, Turkey Mor.....	8 50	20 00
Z.	60 "	No. 2.	Buggy Case.....	12 00	18 00
OZ.	89-122 "	No. 12 and 56.	Do. with pockets and room for instrum'ts.	17 00	25 00
TZ.	101 "	No. 12, 13-57.	Do. " " " " " " brass corners, good fastenings.....	25 00	35 00

UPRIGHT CASES.

AA.	30 vials.	No. 13.	Turkey Morocco, Mahogany, Walnut, &c., with room for a bottle of Arnica on side.	3 50	6 00
BB.	30 "	No. 14.	Do.....	3 75	7 50
CC.	40 "	No. 13.	Do.....	3 50	6 00
DD.	48 "	No. 13.	Do.....	3 75	7 00
EE.	48 "	No. 30.	Do.....	4 50	10 00
FF.	48 "	No. 2.	Do.....	3 50	9 00
GG.	60 "	No. 13.	Do. and 4 ½ oz. vials	4 50	11 00
HH.	72 "	No. 13.	Do. " 4 ½ " "	5 00	12 00
JJ.	78 "	No. 51.	Do. " 7 ½ " "	5 75	14 00
KK.	78 "	No. 30.	Do. " 7 ½ " "	6 25	20 00
LL.	102 "	No. 13, &c.	Do. 80, No. 13, 22 ½ oz. vials.....	6 50	20 00
MM.	80 "	½ oz. vials.	Do. and bottle of Arnica.....	8 00	22 00
NN.	104 "	½ " "	Do " "	9 00	25 00
OO.	104 "	½ " "	Plain Case, " "	6 50	25 00
PP.	104 "	½ " "	Fancy " "	9 50	28 00
QQ.	104 "	1 " "	Rosewood Case.....	9 00	40 00
RR.	173 "	From ½ dr. to 2 oz.	DOUBLE FOLDING WING CHEST.....	20 00	50 00

☞The Double Folding Wing Chest is provided with 4 Drawers, containing 173 vials, viz.: Twelve 2 oz. vials, glass stoppered; Fifty-six ½ oz. vials; Forty-five 2 dr. vials; Sixty ½ dr. vials. One Drawer containing Mortar, Drop Measure, Scales and Weights, Spatula, and Powder Papers.

THE WESTERN HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, JUNE 15, 1867. No. 6.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

PROVING OF NUX MOSCHATA.

BY M. MORTON DOWLER, M.D.

Age twenty-five; nervous temperament; health and appetite good; sedentary employment; pulse normal.

About 9 o'clock, P. M., ate two nutmegs, and fifteen minutes thereafter was asleep. Slept profoundly. In the morning was several times called to breakfast. Went to bed feeling perfectly well, but *could not account for my strange feelings on awaking.* Was painfully conscious, however, of some powerful influence exerting itself upon my system, but as to cause could get no intelligible clue.

Great languor and drowsiness, with no desire to move; felt unwieldly, as a mass of metal; arms and legs felt sorish, large and heavy; eyelids drooped, and could only open fully with use of hands; enlargement of eyes, with intolerance of light, while objects seemed to float before the vision; intense frontal headache, with tense and painful sensation in scalp; head seemed bulky and rolled round almost uncontrollably, being obliged to bring to its support one or both hands while sitting at a table; chilliness; nape of neck tremendously constricted, all bodily energy lapsing into passive suppleness in the clutch of the unseen giant; paralysis of

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the organs of deglutition, making it difficult to swallow saliva; nausea, with shuddering aversion to food; vomiting; foul taste in mouth; buzzing in ears; pressure in pit of stomach; a most distressing, urgent want of breath, and painful feeling of oppression upon the chest; to relieve which, would straighten up, when other distressing effects would ensue: a rush of blood to head, obscuring the sight; quivering of the heart; violent palpitation; the great central organ laboring under fearful embarrassment; pulse intermitting, the intervals between the pulsations being so protracted as to excite fears of impending dissolution; the hands would be placed upon the sides, the constriction about the waist and abdomen being so persistent and so oppressive as instinctively to welcome any, even the slightest palliation.

Started across the public park *en route* for office, but to retain footing found myself obliged to catch hold of trees and fence. Turned about for home, took a dose of physic, went to bed, but did not get about again for two or three days.

Although almost a decade has already elapsed since the enactment of this history, it must nevertheless very conclusively appear, that the effect of two nutmegs in inducing vertigo, and impeding active locomotion, together with those other diversified effects herein sketched, furnishes a sufficient proving, if any were wanting, of the narcotic properties possessed by this drug, as well as the toxic symptoms which it bequeaths when taken in aggravated or heroic doses.

Query: So strikingly analogous with those found developed by this medicine, are the symptoms of *Neuralgia of the Spinal Marrow*, as declared through the different organs in relation with the affected parts of that Great Nerve, whether in its upper and lower cervical, upper and lower dorsal, or lumbar portions, that I am led to ask whether it is, or could be in therapeutic adaptation with that most distressing affection?

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SULPHATE OF MORPHIA AS A PALLIATIVE IN DISEASE.

BY W. H. BURT, M.D., OF LINCOLN, ILLS.

The busy physician is often called upon to give relief from pain to a patient suffering from some malignant disease that bids defiance to all remedial agents. If we, as Homœopaths, should under these circumstances sacrifice our patients to the dogmatic application of our humane and all-providing law, we would not only bring Homœopathy in disgrace, but would become recreant to the duties we owe to common humanity. In these cases it is our duty to use palliatives; and the best among the long list of narcotics, that presents itself to us, is the Sulphate of Morphia. True, we can often get along with Aconite, Belladonna, Hyoscyamus, Nux-v., Gelseminum, Coffea, Chamomilla, &c., &c., but in those malignant cases the Sulphate of Morphia will have to be our sheet anchor. But here the question arises, we often find patients that cannot take the Morphia without producing a long train of nervous symptoms, with nausea and vomiting, and instead of sleeping, will remain wakeful for twenty-four or forty-eight hours; the patient, instead of receiving relief, is made much worse than he was before taking the palliative. What shall we do in these cases? This question the writer of this article can answer, to every physician's perfect satisfaction. To one-tenth of a grain of the Sulphate of Morphia, add about two grains of the second decimal trituration of Atropia. The Morphia—or, I should say, the compound—will then have the desired effect without one unpleasant subsequent symptom; even constipation will be almost entirely avoided. We do not get the full effect of either remedy—one neutralizes the other.

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FIFTH ANNUAL MEETING OF THE WESTERN INSTITUTE OF HOMŒOPATHY,

Held in the Senate Chamber of the State House at Indianapolis, Ind., May 28, 1867.

MORNING SESSION.

The members of the Western Institute of Homœopathy were welcomed to the State of Indiana by Dr. O. P. Baer, of Richmond—Dr. Franklin in the chair. Present: Drs. H. C. Allen, G. D. Beebe, A. O. Blair, G. H. Blair, I. Bosler, E. C. Franklin, E. M. Hale, Wm. Tod Helmuth, R. Ludlam, L. E. Ober, G. Perrine, N. Snyder, R. Schofield, H. B. Van Orn, T. P. Wilson.

Minutes of the last meeting were read by the Secretary, T. P. Wilson, and adopted.

The Chair made the following additions to the Board of Censors:

Drs. Perrine, Ludlam, Helmuth, A. O. Blair, and Ober.

The Board of Censors reported favorably of the following gentlemen, who were duly elected members of the Institute:

G. T. Parker, Greensburg, Indiana.
J. T. Boyd, Indianapolis, Indiana.
J. A. Compton, Muncie, Indiana.
G. H. Stockham, Lafayette, Indiana.
P. Baker, Monmouth, Illinois.
J. R. Flowers, Columbus, Ohio.
E. A. Lodge, Detroit, Michigan.
T. C. Duncan, Chicago, Illinois.
W. Eggert, Indianapolis, Indiana.
N. G. Burnham, Indianapolis, Indiana.
O. P. Baer, Richmond, Indiana.

In the absence of the Treasurer, Dr. Perrine was appointed to the office *pro tem.*, and took charge of the books and papers of Dr. Barnes, the regular Treasurer.

The reports of committees were then called.

On motion of Dr. Hale, a committee of one was ap-

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pointed to ascertain what committees were ready to report, and when they proposed to hand their documents to the Institute.

The following reports were handed in:

Dr. Burt—Materia Medica.

Dr. Allen—Surgery.

Dr. Helmuth—Anatomy.

Dr. E. M. Hale—Pharmaceutical Preparations.

Dr. P. H. Hale—Clinical Medicine.

Dr. R. Ludlam—Contingencies of Labor.

On motion, the order of business was suspended to receive delegates from other Societies.

Dr. I. Bosler, delegate from Miami County Homœopathic Society, reported the flourishing condition of the Society, it having now over thirty members, with every prospect of increase, and was, by its practical workings, doing much good for the interests of the cause.

Prof. A. O. Blair, delegate from the Cleveland Homœopathic Medical College, made a report of that institution.

Drs. G. W. Perrine and L. E. Ober, delegates from the Wisconsin Homœopathic Medical Society, through Dr. Ober, presented an encouraging account of its proceedings.

Dr. T. P. Wilson, for the Hahnemann Society of the Cleveland Homœopathic College, made also an interesting statement of that institute.

Dr. H. C. Allan, of the State Medical Society of Ohio, also reported favorably.

Dr. N. Snyder, from Cuyahoga Medical Society, also handed in an account of its proceedings.

Dr. G. D. Beebe, for the Hahnemann College of Chicago, reported that this school of medicine was in an exceedingly flourishing condition, with a class of seventy-five pupils, the last class being composed of young men above the average of intellect found in medical colleges. The object of the college is to elevate the standard of medical education, and to establish on a firm foundation an institution of which Homœopathy will be proud.

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Dr. William T. Helmuth, delegate from the Homœopathic Medical College of Missouri, reported that the Institution which he represented was in a very flourishing condition. A new building had been purchased at a cost of $30,000, wherein was every convenience for teacher and pupil. The Good Samaritan Hospital was also open to the student, wherein all the surgical operations were performed in the presence of the class. The Colored Orphans' Home is also open to the classes, and every effort is being made to raise the standard of Homœopathic education.

Dr. E. M. Hale, from the Northwestern Provers' Association, reported favorably of the progress of that body, and of its great usefulness to the cause.

Drs. L. E. Ober, G. W. Perrine, E. M. Hale, R. Ludlam, T. C. Duncan and P. Baker, from the Illinois State Homœopathic Society, also reported.

Dr. William H. Cook, delegate from the State Society of Pennsylvania, reported a healthy condition of that body.

Dr. Ludlam, from the Cook County Society, reported the good condition of this local body, and predicted for it a large share of usefulness.

The credentials of the delegates were accepted, and the gentlemen requested to take seats with the Institute.

REPORTS OF COMMITTEES.

Dr. P. H. Hale reported on the use of *Ptelea Trifolia* in dyspepsia, with some very interesting cases.

Dr. Baer made some remarks upon the paper, of a very interesting nature, stating its efficacy in ague, as known to the Indians, and also its peculiar botanical characteristics; but rejected the fragmentary provings as tending to allopathy.

Dr. Hale, in reply, stated that there were now over forty physicians engaged in proving the *Ptelea*, which report was to be handed to the American Institute.

On motion, the report was accepted, and committee discharged.

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Dr. Wilson moved that the business be suspended, to appoint an auditing committee. Drs. Ober, Perrine and Snyder were elected as that committee.

Dr. Blair made a report on Idiocy, stating that he had found a great number of patients afflicted with idiocy, who suffered from eruptions of the scalp. After thinking over the matter, he made further investigations, and found in an asylum for the treatment of idiots, that the majority of the inmates had suffered from cutaneous diseases, or eruptions upon the scalp, which had been suppressed by external applications.

Dr. Baer inquired if Dr. Blair had ever tried *Baryta carb.* in these cases.

Dr. H. C. Allan inquired of Dr. Blair if the conformation of the heads of the children who became idiots was similar to those which he had observed in the asylum for the idiotic.

Dr. Helmuth spoke of the disastrous effects on the nervous system of suppressed eruptions, and regarded it quite probable that idiocy might result from repercussed cutaneous disease. He spoke of the value of *Bary. carb.* in crusta lactea, but relied more upon *Lyc.* 30 when there is moisture beneath the crusts, and *Graphites* 30 when the crusts are dry. Related a case where the repercussion of eruption causes hemiphlegia. He has also used *Sepia* with good results.

Dr. Baer reported a very interesting case of the disease.

Dr. Hale had never had the slightest effect from *Lyc.* or *Graph.* in low or high potencies in diseases of the scalp. He had seen good effects from *Sepia* in eruptions on the face, but his main reliance is placed upon *Iris versicolor* in the sixth potency. He also prohibited the use of soap and water. He thought sourness of the injesta called for *Iris.*

Dr. Eggert began his practice with low dilutions, but in the last twelve years he had become convinced that the high dilutions were the most successful in practice. He had tried the *Iris versicolor* without benefit, the sour stomach being relieved by *Calc. carb.*, two hundredth potency.

Dr. Ludlam had treated cases of crusta lactea which

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would not yield to ordinary medicine, which he had cured with *Merc. prot.*, especially where there was a syphilitic taint of the system.

Dr. Wilson did not see how the pathology of the disease corresponded to the treatment with high dilutions. He thought ninety-nine cases in one hundred could be cured without the dilutions. That the disease was a fungus, and required local means for its removal.

Dr. W. T. Helmuth stated that it was perfectly possible so to affect the system by properly administered homœopathic medicines, that the condition upon which either a parasite or fungus existed could be destroyed. In fact, by depriving the soil of properties necessary to the existence of either plant or animal, the death of the product is inevitable. So he believed it to be in cases of this kind.

Dr. Ludlam remarked that Dr. Wilson's views were too hasty. The microscope discloses an animal parasite proper to tinea capitis or scald head. This parasite occupies the piliferous bulb and destroys the hair. In crusta lactea, or milk crust, no such parasite is present. The parasite sometimes found in the latter is incidental, and not to be regarded as properly belonging to it any more than the vegetable fungus in diabetic urine is a symptom of diabetes.

Adjourned until 2 o'clock P. M.

AFTERNOON SESSION.

Called to order by President Franklin.

The subject, *Crusta Lactea*, was brought before the meeting.

Dr. Beebe stated that he did not desire that the impression might go abroad with reference to the exclusive use of high potencies, and that though he had ample experience of their satisfactory action, yet he also was aware of the like good action of the lower. He thought both potencies should be used.

Dr. Eggert thought that high dilutions cured more speedily than the low ones in these cases.

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Dr. E. C. Franklin stated his experience in the disease, and though he did not disbelieve in the action of the high potencies, yet he had seen excellent results from the white ointment of mercury in a very short time. He also did not fear repercussion when homœopathic medicines were used internally.

Dr. H. C. Allan stated that he had seen cases cured by both dilutions, and also cured by other means. But he wished to get back to the question, and ascertain the relation between idiocy and the repercussion of eruption.

Dr. Wilson stated that he desired to see this matter fathomed to the bottom, and hoped that a committee would be appointed to investigate the matter.

It was resolved that Drs. Blair, Ludlam and Helmuth be said committee.

The Board of Censors reported the names of Drs. M. H. Waters, of Peru, Indiana, and Martin Mayer, of Leavenworth, Kansas, as applicants for membership.

Dr. Burt's paper on the Proving of Ironwood (*Austria Virginica*) was read by Dr. E. M. Hale. It was used in intermittent fever.

Dr. Eggert stated that Dr. Burt had in two years and a half proved forty-two remedies. He did not see how it was possible for this to be accomplished, when Hahnemann, and Noack, and Trinks, took years for the accomplishment of their provings.

Dr. Hale then stated that all the provings of medicine in the great materia medica were made with the 30th potencies, and the action allowed to continue for weeks and months, and during the time of proving, those engaged drank beer and coffee, and smoked, and still continued to write down symptoms.

Dr. Eggert stated that it would still be more impossible to decide upon the symptoms of a prover if he gave up his usual habits.

Dr. Blair thought the traditional parts of the paper very

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valuable, and that the remaining portions should be considered as useful as forming the basis of the proving.

Dr. Allan related a case of cure of intermittent fever, cured by ironwood.

Dr. Helmuth stated that it would be preferable if other diseases besides intermittent fever were mentioned in these provings, because there were so many remedies for that disease that it was almost useless to repeat them. Every old woman knows something to cure chills.

Dr. Lodge asked that the paper be allowed to be printed in the *American Homœopathic Observer.*

Dr. Wilson begged to protest against such a proceeding, as there were other medical periodicals represented, and they should also have a right to the publication.

Dr. Ludlam's report was given verbally. It was on the Contingencies of Labor, and was highly interesting. He spoke of hepatic abscess in connection with obstetrics.

Dr. Hale stated a case of hepatic pain from mechanical irritation of the fœtus.

Dr. Ober had similar cases, but manipulated differently.

Drs. J. T. Boyd, Ober, Baer, Blair, Bosler, Helmuth and Ludlam participated in the discussion.

Dr. Ludlam was requested to present his report in writing, and hand it to the Publishing Committee.

Dr. Helmuth then read a report on the Triangular Ligament and the Curves of the Catheter. After this paper was read, Dr. L. P. Wilson stated that something more was due to the Doctor than merely placing the article on file—that the thanks of the whole profession were due to him for his most excellent and valuable paper, and that he should be glad to see it in print.

Dr. E. M. Hale moved that Dr. Helmuth be requested to furnish drawings and measurements illustrating his remarks, and that the thanks of the Institute be tendered him for his essay.

Dr. Beebe then corroborated what Dr. Helmuth had stated, also the value of large catheters and sounds.

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Dr. L. Boyd made a report of the Means of Curing Sterility, and Method of Detecting the Sexes of the Fœtus in Utero.

This discussion was participated in by Drs. Hale, Ludlam, Boyd, Ober, Blair and Parker.

Dr. Ludlam moved that Dr. Boyd be requested to write out the report and hand it to the Secretary.

Dr. Wilson moved that a committee be appointed to nominate officers for the ensuing year. Carried.

Dr. Hale moved that a committee be appointed to fix the time and place of next meeting. Carried.

The committee for nominating officers for the ensuing year was Drs. Ober, Helmuth and Eggert.

The committee for fixing time and place of next meeting was Drs. Beebe, Hale and Perrine.

Dr. Hale then offered some very stringent resolutions in reference to the prevention of the crime of abortion, which, after discussion, were carried.

Dr. Helmuth offered the following resolution: That the Institute protest against the action taken by Dr. Lippe, in interfering with the appointment of Dr. C. J. Hempel to the Chair of Homœopathy in the University of Ann Arbor, in Michigan; and that the Institute do hereby recommend Dr. Hempel as eminently qualified for filling that chair, and would urge his immediate appointment.

Dr. Lodge then gave a history of the appointment to the Chair of Homœopathy in the University.

After some discussion, the motion was carried.

Adjourned until the evening session.

SECOND DAY'S PROCEEDINGS.

MORNING SESSION.

FRIDAY, MAY 24, 1867.

Met at 8 o'clock A. M. The President, Dr. Franklin, in the Chair.

Dr. Wilson moved that hereafter no proving of a drug shall be placed on the record of the Institute that is not

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confirmed by reliable provings made by two or more persons. Carried.

Dr. Wilson then said: It is the easiest thing in the world to write out symptoms. The materia medica is lumbered down by quantities of drugs which are oft times of no value. Decisions regarding drugs should not be received on ONE man's testimony, because in our case the matter is one of life and death.

Dr. Eggert remarked, that he thought it better in one year to become acquainted with one drug, than to know imperfectly many. He therefore heartily endorsed Dr. Wilson's resolution.

Dr. Allan. If we wait until we get all the remedies in the new and old materia medicas proved by several provers, we will have to wait a long time. If we can't get what we wish, let us get what we can.

Dr. Eggert believed, from long experience, that most of the old medicines contained in their provings the symptoms of most diseases. That the study of the old materia medica at first is dry, but becomes, like the study of the classics, more and more beautiful the better it is understood.

Dr. Allen offered the following:

Resolved, That the Finance Committee be instructed to report the cost of printing 500 copies of the entire proceedings of this Institute, together with the Constitution and By-Laws, and that a publishing Committee be appointed by the Chair to carry out the object of this resolution, with full power to act.

A division of the question was called for, and the first half of the resolution was, on motion, adopted.

Dr. Beebe moved to amend by striking out "full power to act." Carried.

It was then resolved that the Chair appoint a finance committee of three. The following gentlemen were appointed: Drs. H. C. Allen, L. E. Ober and N. Snyder.

The Chair appointed as committee of publication, Drs. Helmuth, Ludlam and Hale.

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Dr. Eggert spoke fully of the value of monographs on special subjects, and if the Institute would accept it, he would be pleased to offer something by way of stimulus to the future increase of our knowledge on scientific subjects, and desired, with the permission of the Institute, to offer a prize of one hundred dollars for the best practical paper on "Nasal Catarrh," and desired that the Institute appoint a committee of three to examine the essays presented, and to award the prize at the next meeting of the Institute.

On motion, the offer was accepted, and the thanks of the Institute returned to Dr. Eggert, who was requested to nominate the committee of award.

The following was then offered by Dr. Bosler:

Resolved, That a committee be appointed to correspond with the various publishing houses, relative to issuing a new edition of Jahr's Manual, or Symptomen Codex, Hempel's, Boenninghausen & Boenninghausen's Therapeutic Pocket Book, in order that new comers in the profession may obtain these volumes.

The Chairman appointed Drs. Bosler, Allen and Perrine.

Dr. Lodge being about to publish a Pharmacopœia, Drs. Hempel, Hale, Barnes and Temple were appointed the committee to examine the work.

Dr. Lodge offered the following:

Resolved, That the President and Secretary be instructed to petition Congress, in the name of the Institute, for the appointment of a Homœopathic Board of Examining Surgeons, and that candidates passing examination by such Board be eligible to appointment to the public service.

On motion, it was

Resolved, That all practitioners of Homœopathy secure signatures to such petitions, to be presented to the next Congress.

The President then read a telegram of greeting and encouragement from the State Society of Maine, in answer to one sent by the Institute on the day previous.

The telegram read as follows:

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"*To E. C. Franklin, President Western Institute:*
"Cordial greeting in return. Onward with the good cause.
W. E. PAINE, Maine Society."

Dr. G. E. Hall, of Chicago, tendered his resignation of membership of the Institute. On motion, he was continued a member of the Institute.

Dr. T. P. Wilson moved the appointment of an obituary committee.

Dr. E. M. Hale then read a most interesting and elaborate report on Pharmaceutical Preparations, and their relations to diseased conditions. He mentioned that in some diseases the mucous surfaces were coated with epithelium, that no contact of medicinal substances could occur. In such cases absorption could not take place. He advised the use of tinctures in nearly all cases, except when the mucous surfaces were free from dead, accumulated epithelium. Pellets and powders should not be used except when we are sure their medicinal constituents shall be absorbed.

Dr. Wilson said he did not think it necessary that drugs must be absorbed to act. He believed that it is the force, and not the form, that acts. A drug may be applied to the tongue and not be absorbed, and yet may act powerfully on the system after the manner of catalytic action.

Dr. Hale—In my paper I did not say it was positively necessary for *absorption* to occur, although I do believe that it is necessary that ultimate atoms must be absorbed into the sytem.

Dr. Ludlam stated that other portions of the buccal mucous membrane might absorb medicinal power when, on account of the thickness of the coating, it was impossible to be taken up by the tongue.

Dr. Hale then offered remarks on a new method of administering by inhalation.

Dr. Beebe called attention to the administration of medicines by atomized fluids, &c., by means of various apparatus.

Dr. Allan called on the house for their knowledge of the treatment of granular ophthalmia.

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Dr. Boyd treated the cases which came under his notice with a solution of nitrate of silver, and the usual remedies.

Dr. Hale had succeeded in such cases with *Calc. carb.* in 6th trituration, and *Phytolacca*, the first dilution. He now cures his cases with *Muriate of Hydrasia*, locally.

Dr. Helmuth remarked that some cases were wholly incurable, while others, in younger subjects, were amenable to medicine. He had tried all manner of applications with no good effect, and believed the best treatment to be with internal medicine.

Dr. D. P. Wilson stated that this disease depended on a cause, and required constitutional treatment.

Dr. Hale made the following:

Resolved, That the law of *Similia similibus curantur* is the only law of cure, and the homœopathic dose the dose that cures.

Unanimously adopted.

A discussion then arose as to the nature of cerebro-spinal meningitis, in which Drs. Ober, Beebe, Blair and Baer participated.

AFTERNOON SESSION.

Dr. Franklin in the chair.

Dr. Wilson called up the subject of cholera, on which some remarks were made.

Dr. Franklin then showed to the Institute an inferior maxillary bone, removed by Dr. Helmuth, assisted by Drs. Franklin and Beebe, during the interval since the morning session. The subject was a lad about ten years of age, a patient of Drs. Burnham and Eggert.

Dr. Franklin also showed an instrument resembling a curved trocar and canula, for the operation of tracheotomy.

Dr. Allen made his report on spermatorrhœa, which was highly interesting.

Dr. Beebe, from the committee to recommend the time and place of holding the next meeting of the Institute, recommended Milwaukee, the time to be the Thursday following the third Tuesday in May.

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Dr. Franklin reported a case of Hypospadias of the second class of Rokitansky, describing the parts and the operations made for its restoration, pledging to write out the case and furnish the drawings.

Dr. G. W. Bowen presented a valuable report on Fibroid Tumors, giving two cases in point, both of which seem to have been greatly benefited by *Silicea*, the first case fully recovering under this remedy in two months.

It was then moved to proceed to the election of officers.

The committee on nominations reported the following candidates, and recommended their election:

President—R. Ludlam.

1*st Vice-President*—O. P. Baer.

2*d Vice-President*—T. P. Wilson.

Recording Secretary—Wm. T. Helmuth.

Corresponding Secretary—G. W. Barnes.

Treasurer—S. P. Cole.

Board of Censors—E. C. Franklin, Missouri; L. Pratt, Illinois; E. A. Lodge, Michigan; Wm. Eggert, Indiana; H. C. Allen, Canada West.

Orator—E. M. Hale, Chicago, Illinois.

Alternate—T. G. Comstock, St. Louis, Missouri.

On motion, the Chair was allowed to cast the vote of the Institute, and the candidates were thereupon elected.

On motion, it was resolved that Dr. E. C. Franklin be appointed a committee on Surgery, and Dr. R. Ludlam a committee on Obstetrics. These committees were instructed to report at the next meeting of the Institute all the improvements in these departments, presenting, as far as practicable, all mechanical appliances of the same.

Dr. R. Ludlam offered a prize of one hundred dollars for the best essay on the Pathology and Treatment of Dysmenorrhœa.

On motion, the thanks of the Institute were voted to Dr. Ludlam for his generous offer, and he was requested to appoint the committee of award.

The Auditing Committee reported the Treasurer's accounts as correct, and the report was adopted.

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On motion, Drs. Wilson, Ludlam and Boyd were appointed to nominate the Scientific Committees for the ensuing year. The following were nominated:

G. D. Beebe—Surgical Cases.
M. H. Waters—Conduct of the Physician during Labor.
J. T. Boyd—Uses and Abuses of Pessaries.
T. C. Duncan—Nephrites.
G. W. Bowen—Malaria.
G. W. Perrine—Prolapsus Uteri.
H. B. Van Norman—Medication by Inhalation.
N. Schneider—Fistula in Ano.
G. W. Barnes—Pharmaceutical Preparations.
T. P. Wilson—Ophthalmia.
W. T. Helmuth—Surgical Anatomy.
E. M. Hale—Materia Medica.
G. W. Chittenden—Trichinæ Spiralis.
G. H. Stockham—Homœopathy.

Which were appointed.

Dr. E. C. Franklin offered one hundred dollars for the best essay on the Diseases of the Bones, and their Homœopathic Treatment.

On motion, it was

Resolved, That the proposition of Dr. Franklin be accepted, and the thanks of the Institute be returned for the generous offer, and that he be requested to have a committee of three appointed to examine the essays presented and award the prize.

The Institute then went into Committee of the Whole on the subject of Medical Education, L. E. Ober in the chair.

It was moved and carried, that the Colleges appoint a committee of one from each College, to recommend a uniform course of medical study to be pursued by all the Medical Institutions.

On motion, the Committee rose and reported, and the Institute adopted the report.

Dr. William T. Helmuth offered a prize of one hundred

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dollars for the best essay on the History and Homœopathic Treatment of Syphilis.

On motion, the offer of Dr. Helmuth was accepted, and the thanks of the Institute returned to the donor, with the request that he appoint a committee of three to examine the essays and award the prize.

The thanks of the Institute were tendered to the citizens of Indianapolis for the elegant manner in which they have entertained the Institute during the session, and to the press for its reports.

Adjourned till eight o'clock P. M., to listen to the annual address by Dr. T. P. Wilson.

EVENING SESSION.

Dr. Wilson delivered an able and interesting address, which was listened to by a large and appreciative audience. The Doctor was, in many parts of his remarks, eloquent in the extreme.

THE SECOND PART of Prof. Franklin's *Science and Art of Surgerg* is in press, and will soon be ready for distribution.

THE Boone County lady who bore four children, and the babes, are all dead. The mother died on the same day she gave birth to the children. Three of the children died within an hour after birth. The other one lived but a day and a half.

PROLIFIC.—On the night of the 22d ult., Mrs. Simonds, of Logansport, gave birth to four children, all of which died. In three births, Mrs. Simonds has been delivered of eight children.

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The Western Homœopathic Observer.

ST. LOUIS, JUNE 13TH, 1867.

EDITORIAL.

OWING to the lengthy records of the proceedings of the Western Institute of Homœopathy, we have been obliged to exclude from this number of the OBSERVER several very valuable contributions, and also the transactions of the American Institute of Homœopathy, which held its last session in New York City.

It is gratifying for us to be able to inform our readers, that throughout the United States, the cause of Homœopathy is advancing with a rapidity which is truly surprising. The wonderful increase in the number of its adherents, of its educational and charitable Institutions, and the immense amount of good it is doing in preventing the absorption of poisonous drugs into the systems of the poorer classes of our communities, and thereby preserving them in sound body and mind for the great work they perform in our country, cannot be over-estimated.

There are now in this country 3,607 Homœopathic Physicians, the States ranging as follows:

Alabama	13	Minnesota	42
Arkansas	3	Mississippi	16
California	18	Missouri	68
Connecticut	81	Nebraska	5
Delaware	12	Nevada	2
Dist. Columbia	14	New Hampshire	37
Florida	3	New York	318
Georgia	20	New Jersey	90
Illinois	394	North Carolina	2
Indiana	119	Ohio	352
Iowa	121	Pennsylvania	374
Kansas	21	Rhode Island	34
Kentucky	44	South Carolina	4
Louisiana	21	Tennessee	6
Maine	51	Texas	11
Maryland	34	Vermont	64
Massachusetts	251	Virginia	8
Michigan	215	Wisconsin	199

Now, although this number is truly surprising, yet by referring to the above list, it will be found that in some of the largest States of the Union there is yet a great field for ardent and energetic Homœopathic physicians. In Florida, in Georgia, in Kansas, the Carolinas, Texas, the Virginias, and the new States of Nebraska and Nevada, room is to be found for 1500 to 2000 physicians of our school. Let the young men look to it. Let our various Collegiate Institutes remember the fact, and let our Societies use their influence to spread in all directions the great law of cure.

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It has been thought advisable to place the Mortuary Reports of the City of St. Louis before the readers of the *Observer*. This month, for want of space, it was found necessary to consolidate them. Hereafter they will appear for each week, thereby furnishing a ready comparison.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE MONTH ENDING JUNE 15, 1867.

By accident	9	Hepatitis	4
Abscess of liver	1	Hæmorrhage	4
Anasarca	1	Inflammation of the brain	8
Arachnitis	1	Inanition	1
Ascites	1	Lockjaw	8
Asthma	1	Meningitis	13
Bronchitis	5	Marasmus	12
Burn	1	Measles	9
Cirrhosis	1	Poisoning from Strychnia	2
Consumption	46	Paralysis	3
Convulsions	27	Pertussis	17
Cancer	2	Pneumonia	38
Croup	4	Pleurisy	2
Catarrh	1	Peritonitis	6
Congestive	1	Premature birth	4
Cyanosis	2	Remittent fever	1
Congestion of the brain	3	Rheumatism	3
Debility	4	Run over	1
Diphtheria	5	Scarlatina	4
Diseases of heart	6	Scirrhus	2
Dropsy	8	Sunstroke	2
Diarrhœa	4	Struck by lightning	1
Delirium tremens	1	Syphilis	2
Dentition	1	Shot wounds	2
Drowned	4	Strangulation	2
Eclampsia	5	Stabbed	1
Enteritis	1	Suffocation	1
Erysipelas	2	Typhoid fever	8
Epilepsy	2	Still-born	34
Fever	4		
Hydrocephalus	5	Total	360
Hydrothorax	1		

It will be seen, after subtracting the number of deaths by consumption, accident and still-births, which can hardly be reckoned in the mortuary reports, that the mortality of our city is exceedingly small.

ERRATA.—In Dr. Hartmann's article on Anatomy and Physiology, published in the last number of the Observer, on page 120, nineteenth line from top, for "Jute's," read *Jahr's;* on page 122, twenty-third line from top, for "mucous," read *nervous;* on page 123, twenty-second line from top, for "natural," read *material.*

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THE WESTERN

HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, JULY 15, 1867. No. 7.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

[From advance sheets of the New England Med. Gazette.]

AMERICAN INSTITUTE OF HOMŒOPATHY.

PROCEEDINGS OF THE TWENTIETH ANNUAL SESSION.

The twentieth Annual Meeting of the American Institute of Homœopathy was held in the Gallery of Fine Arts, corner of Fifth Avenue and Fourteenth Street, New York, on June 5, 6 and 7, 1867.

PRELIMINARY MEETING.

The customary preliminary meeting was held on Tuesday evening, June 4, at eight o'clock, at which upwards of one hundred members were present.

Dr. George E. Belcher, of New York, President of the County Society, called the meeting to order about nine o'clock, P. M., when Dr. J. F. Gray, of New York, was elected the presiding officer.

The programme prepared by the Committee of Arrangements was adopted as the order of exercises of the meeting.

A committee on nomination of permanent officers, consisting of one member from each State represented, was elected. The committee was composed as follows:—

Maine, W. E. Payne; New Hampshire, A. Morrill; Vermont, G. E. E. Sparhawk; Massachusetts, I. T. Talbot; Rhode Island, C. F. Manchester; Connecticut, W. W. Rodman; New York, P. P. Wells; New Jersey, J. J. Youlin; Delaware, D. W. Thomas; Pennsylvania, Walter Williamson; Maryland, F. R. McManus; District of Columbia, T. S. Verdi; Ohio, W. Webster; Indiana, O P. Baer; Illinois, N. F. Cooke; Michigan, E. A. Lodge; Wisconsin, J. S. Douglas; Iowa, E. A. Guilbert; Minnesota, C. B. Williams; Missouri, Wm. Tod Helmuth; Kansas, T. J. Ward; Louisiana, W. H. Holcombe; Georgia, F. H. Orme; Nova Scotia, Walter Wesselhoeft.

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After the election of this committee, the meeting adjourned to a hall below where a bountiful collation was spread. The tables were loaded with straw berries and cream, salads, sandwiches, &c. An hour was spent in a social manner, during which there was a general renewal of old acquaintanceship, and formation of new.

First Day.—Morning Session.

The Institute assembled on Wednesday morning, June 5, at ten o'clock. In the absence of the President, the General Secretary, Dr. I. T. Talbot, of Boston, called the members to order, and Dr. H. M. Paine, of New York, was made chairman. The Rev. Dr. Tuttle, of New York, opened the session with prayer. The roll of members was called and corrected, when about one hundred answered to their names. Fifty-three Medical Societies and Homœopathic Institutions were represented by seventy-six delegates.

The committee appointed at the preliminary meeting reported the following list of nominations of officers for the ensuing year:—President, William Tod Helmuth, M.D., St. Louis; Vice-President, P. P. Wells, M.D., Brooklyn, N.Y.; General Secretary, I. T. Talbot, M.D., Boston, Mass.; Provisional Secretary H. M. Paine, M.D., Albany, N. Y.; Treasurer, E. M. Kellogg, M.D., New York; Censors, W. E. Payne, M.D., Maine; E. U. Jones, M.D., Mass.; B. W. James, M.D., Penn.; J. C. Burgher, M.D., Penn.; A. T. Bull, M.D., Buffalo, N. Y.

These gentlemen were unanimously elected.

The Institute then adjourned for half an hour, to partake of a lunch, which was served in the large room beneath the assembly hall.

Afternoon Session.

At two o'clock the Institute re-assembled, and the newly elected officers assumed the duties of their positions. The President briefly addressed the Institute, thanking the members for the unexpected honor that had been conferred upon him, and expressing his great pleasure at the large attendance from all parts of the Union. He was especially glad to see so many of the old and tried standard-bearers of Homœopathy present at the meeting, which he hoped would prove of great value to the profession. He referred to the progress that Homœopathy had already made in St. Louis, and stated that the whole West was a fertile field for the progressive school of medicine, and any efforts made by the American Institute for the advancement of Homœopathy would be heartily seconded throughout the West.

Dr. George E. Belcher, of New York, chairman of the Committee of Arrangements, then addressed the members of the Institute in the following remarks:—

"Fellow-members of the American Institute of Homœopathy,—As Chairman of the Committee of Arrangements, I have the honor of welcoming you to this our city of New York. I greet you also in behalf of the members of the New York County Homœopathic Medical Society, a legalized organization of regular physicians. We welcome you as representatives of that portion of the medical profession who, seeking to make therapeutics a science, have superadded to the ordinary medical course the study of therapeutics as practically illustrated by

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the genius and labors of Hahnemann. We meet as his disciples. We believe in the great homœopathic law, SIMILIA SIMILIBUS CURANTUR. We congratulate ourselves, that the influence of our school has already increased the usefulness of the medical profession, not only by its more scientific management of the sick, but indirectly by leading a large number of practitioners to doubt more and more the propriety or safety of heroic treatment, and, as the next best thing they know, to leave their sick to the operations of nature alone. May the result of our meeting be the renewal of our friendly relations, and forming of better; the continuance of that freedom of investigation and discussion which Hahnemann himself always maintained; an increase of all the influences which tend to lessen the harshness of the medical treatment of former days; the more comprehensive grasp of the great law of cure; and a redoubled energy to fulfil the mission we have undertaken! Hoping your stay here will be agreeable and satisfactory, we give you a hearty and sincere welcome."

On motion of Dr. Swazey, the President appointed a committee on credentials, consisting of the following gentlemen:—G. W. Swazey, M.D.; J. J. Youlin, M.D.; T. F. Allen, M.D.; David Thayer, M.D.; W. Webster, M.D.

On motion of Dr. Williamson, a committee to audit the Treasurer's accounts was appointed, as follows:—W. Williamson, M.D.; S. Gregg, M.D.; E. B. Thomas, M.D.; R. J. McClatchey, M.D.; George E. Belcher, M.D.

The Secretary then read such portions of the minutes of the last meeting as related to unfinished business.

The committee on a complete code of medical ethics was called upon for a report. In the absence of the chairman, Carroll Dunham, M.D., of New York, H. M. Smith, M.D., read the report, which was accepted; and, on motion of Dr. Gregg, the thanks of the Institute were tendered to the committee for the able manner in which they had prepared the report.

Considerable discussion ensued in regard to the adoption of the code of ethics as reported, which was participated in by Drs. Samuel Gregg, S. R. Kirby, W. Williamson, P. P. Wells, J. F. Gray, W. H. Watson, J. H. P. Frost, and others; when, on motion of Dr. Gray, the report was referred back to the committee, Drs. S. R. Kirby and G. W. Swazey being added, with instructions to consider the advisability of abridging the code, and to report at eleven o'clock, A. M., on Thursday.

The Treasurer, E. M. Kellogg, made a report, from which it appeared that the receipts of the Institute for the past year were $892.50; and the expenses, $1,038.18; shewing a deficit of $145.68. The report, which had been examined and approved by the Auditing Committee, was accepted.

The Board of Censors presented the names of the following persons, one hundred and fifty-seven in number, as having complied with the by-laws, and therefore eligible for membership. They were accordingly elected:—

Drs. J A Albertson, J R Andrews, James H Ashorne, Henry N Avery, O P Baer, George W Bailey, J B Bailey, William C Barker, Edward G Bartlett, B L B Bayliss, I G Belden, James S Bell, Ralph Blakelock, Harris S Benedict, Eleazer Bowen, Horace Bowen, Julius C Brey, William Brink, John B Brooks, Melville Bryant, E V Brown, Henry P Brown, Titus L Brown, Gardner S

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Browne, Thomas C Bunting, S J Bumstead, Stephen P Burdick, Benajah J Burnett, Jr., C E Campbell, B Cetlinski, Israel P Chase, William L Cleaveland, Albert L Comstock, E G Cook, Elliot L Cook, J D Craig, C B Currier, Andrew M Cushing, J W Dowling, E H Drake, Pemberton Dudley, John P Ermantraut, J T Evans, Daniel L Everitt, John N Fairbanks, Thomas C Fanning, H Barton Fellows, Charles F Fish, W M L Fiske, Levi W Flagg, William D Foster, E C Franklin, Thomas S Goodwin, Lewis Grasmuck, B Barton Gumpert, William Hale, Evon B Harding, John Hawks, James Hedenberg, Horace P Hemenway, H B Henry, R Walter Heurtley, Robert L Hill, W H H Hinds, E F Hinks, H M Hitchcock, William F Hocking, N Webster Holcomb, Jabez Bunting Holtby, John Hornby, Henry C Houghton, Temple S Hoyne, F W Hunt, Henry F Hunt, John P Hunting. H B Hund, F W Ingalls, W F Jackson, DeWitt C Jayne, Henry C Jones, William A Jones, J Lester Keep, Alexander Kirkpatrick, Elam C Knight, C W Kuhn, W C Leech, William H Lewis, C Theo Liebold, S Lilienthal, Constantine Lippe, Charles Lowry, A P Macomber, M M Mathews, S R Mason, J H McClelland, Daniel McNeil, F B Mandeville, Henry B Millard, J W Mitchell, R E Miller, Reuben C Moffat, William D S Montanye, John C Morgan, Henry B Morrill, Nathan R Morse, Barton Munsey, Aug Negendank, Frank Nichols, T Riker Nute, James H Osborne, Frederick W Payne, S I Pearsall, Clement Pearson, Albert William Phillips, Joseph G. W Pike, Peter William Poulson, Leonard Pratt, William M Pratt, Elias C Price, Nathaniel B Rice, John F Rose, W H Sanders, Charles E Sanford, Isaac W Sawin, D E Seymour, Edward P Scales, N R Seeley, Levi Shaffer, Henry P Shattuck, Thomas Shearer, William H H Sisson, A P Skeels, Henry N Sloan, William H Smith, Gustave Justus Moritz Sommer, C W Sonnenschmidt, S Swan, Solomon E Swift, J H Thompson, Virgil Thompson, M A Tinker, Silas B Tompkins, Walter Ure, T D Wadsworth, George S Walker, E Cook Webb, Walter Wesselhoeft, Alexander W Wheeler, J Ralsey White, W Hanford White, James Peterson Whittle, C A Wilbur, Alexander Wilder, L H Willard, Henry C Wood, William Wright, Alfred Zentzinger.

Dr. H. M. Smith, chairman of the Bureau of Organization, Registration and Statistics, made a report, briefly surveying the progress of Homœopathy in this country. In 1825 the first Homœopathic work was published; in 1864, 178 works were published in the interest of Homœopathy. In 1848, Dr. J. S. Smith published a list of Homœopathic physicians in New York, and the number then was 46; now Homœopathists in the United States have 3,637 physicians, distributed thus:—Alabama, 13; Arkansas, 3; California, 18; Connecticut, 81; Delaware, 12, District of Columbia, 14; Florida, 3; Georgia, 20; Illinois, 394; Indiana, 119; Iowa, 121; Kansas, 21; Kentucky, 44; Louisiana, 21; Maine, 51; Maryland, 24; Massachusetts, 251; Michigan, 215; Minnesota, 42; Mississippi, 16; Missouri, 68; Nebraska, 5; Nevada, 2; New Hampshire, 37; New York, 818; New Jersey, 90; North Carolina, 2; Ohio, 352; Pennsylvania, 374; Rhode Island, 34; South Carolina, 4; Tennessee, 6; Texas, 11; Vermont, 64; Virginia, 21; West Virginia, 6; and Wisconsin, 199. There are fifteen State organizations, forty-one local societies, and ten periodicals. The Homœopathists have colleges in New York, Philadelphia, Chicago, Cleveland and St. Louis, and hospitals and dispensaries in all the principal American cities. The com-

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mittee close their report with a recommendation that the Institute publish a periodical which may be a kind of directory for the profession.

On motion, the report was laid on the table, to be discussed at some future time during the present meeting. Adjourned.

Evening Session.

In the evening, at eight o'clock, the members, with their wives and friends, re-assembled. The President, William Tod Helmuth, M.D., introduced N. F. Cooke, M.D., of Chicago, who delivered the annual address. He compared the homœopathic treatment with that of the old school, claiming that the time was come when patients were no longer to be tortured to death in the effort to cure them, and that physicians should imitate the Saviour in his quiet and peaceful method of healing the sick. The progress of Homœopathy, he said, was only less than that of Christianity itself. The law of Homœopathy—Similia similibus curantur,—like Newton's law of gravitation, had been discovered by accident. They who had adopted it could point to the past with a feeling of exultation, while the people generally had not been slow in recognizing its superiority. Homœopathic physicians to-day had more patients than they could attend to. The people who believed in the practice, not satisfied with what had already been obtained, should proclaim the efficacy of it, and insist that the Government should take measures that would place it on an equal footing in all respects with Allopathy. He enlarged upon the opposition which had been met and overcome in advancing Homœopathy to its present position. He argued against the assertion of its enemies, that its supporters were not true to their principles. He compared the two systems, and what they were effecting, and placed before the Institute a table, which set forth that where the mean proportion of deaths by Allopathy was from nine to ten per cent., that of Homœopathy was from four to five per cent.; that where the time of curing diseases by Allopathy was from twenty-eight to twenty-nine days, that of Homœopathy was from twenty to twenty-one; and that where Allopathy cost one dollar and sixty-three cents for each patient, Homœopathy cost eighty-eight cents. He concluded an eloquent address by appealing to the press to aid Homœopathists in their work of reform.

On motion of S. S. Guy, M.D., a vote of thanks was tendered to Dr. Cooke for his very masterly exposition of the advantages of Hemœopathy, and its claims for earnest support on the part of the public; and a copy was requested for publication. The Institute then adjourned till Thursday at ten o'clock, A.M.

After adjournment, the Committee of Arrangements invited the members and their friends to repair to the Levee Hall, where tables were spread, loaded with all the luxuries of the season. A band was in attendance, which furnished delightful music; and the complete success of this, as well as the subsequent entertainments, must have been as gratifying to those who so generously furnished them as they were acceptable, and the social intercourse to which they contributed will be memorable to the partakers.

Second Day.—Morning Session.

The Institute assembled at ten o'clock, A.M., President Helmuth in the chair. The Secretary reported that, in accordance with the instructions of the

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Institute, he had distributed six thousand copies of the cholera circular prepared by the Bureau of Clinical Medicine. This had been copied into numerous newspapers in different parts of the country, and had been gratefully received by the profession generally.

The chairman of the Bureau of Materia Medica, Dr. Conrad Wesselhoeft, of Dorchester, presented a paper upon the subject of drug provings. He stated that our original work on Materia Medica is in German; it is therefore accessible to most American physicians by means of translations only. It is now proposed to collect the scattered materials, add new and complete provings of American drugs, and create an American Materia Medica, conveying its meaning, directly from the pen of the provers, in idiomatic English, to the reader. In this way only would they escape the appellation of irrational empirics. Although the German Materia Medica had established the truth of homœopathic principles in every country, far greater results might be looked for, when each country, with its peculiar language, climate, and territorial idiosyncrasies, shall possess a Materia Medica of its indigenous drugs.

Dr. Wesselhoeft then read an abstract of a very thorough and careful proving of Pulsatilla nuttalliana, the Anemone patens of Gray, covering some eighty or ninety pages.

Dr. Payne presented and read a partial proving of Lilium tigrinum.

Dr. Williamson read an abstract of a very extensive and thorough proving of Hydrastis canadensis, covering some hundred or more pages.

A letter was read from Dr. Hale, stating that his proving of Ptelea trifoliata was not yet complete; but, if he should be continued upon the bureau, he hoped to present a carefully prepared proving of this drug at the next meeting of the Institute.

The report of the bureau was accepted, and referred to the Committee on Publication.

On motion of Dr. Gregg, the thanks of the Institute were presented to the members of the bureau for their laborious efforts and carefully prepared reports.

Dr. B. Fincke presented a detailed proving of Lachesis, made with the one hundred thousandth potency. It was referred to the Committee on Publication.

Dr. P. P. Wells then addressed the Institute on the subject of the proving of drugs, giving his idea of the manner in which it should be done, objecting strongly to the making of violent assaults upon the system with large doses of the drug which is to be proved.

Dr. Moore spoke in favor of physical diagnosis, inspection, &c., and would not be wholly dependent upon subjective indications. A physician should be a naturalist, should study his patient in all possible ways, and then select his remedies accordingly.

A very interesting discussion then ensued upon the general subject of drug provings and drug action. Many of the members participated in it.

The Board of Censors reported the name of Mrs. Mercy B. Jackson, M.D., of Boston, who had applied for membership.

The Secretary stated that her application as reported last year was still upon the table.

It was taken up, and Dr. David Thayer, of Boston, said that Mrs. Jackson

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had been longer in homœopathic practice than the majority of the members of the Institute. She was well educated, and a regular graduate of a legally authorized medical college in Massachusetts. There were physicians present who knew her to be well educated and of high moral character. The question whether females should be admitted to the membership of our medical societies could not longer be avoided. We shall soon ascertain, if we do not know it to-day, that the world moves. While it is physically revolving around its orbit, it is at the same time morally advancing. It is useless for us to contend against manifest destiny, and it will not be long before women will have the right of suffrage in the Empire State. He was not particularly a "woman's-rights" man, but conceded the largest liberty to all. He favored everything that tended to progress and order; and was satisfied that the female mind was naturally well adapted to the practice of medicine, particularly to that minute and careful investigation of symptoms which we recognize as peculiarly adapted to the practice of homœopathic medicine. He wished to know if the American Institute of Homœopathy was sufficiently advanced to admit women to equal privileges of membership.

Dr. D. Holt, of Lowell, said that he had met the lady proposed some years ago, and was favorably impressed with her. If ladies were to be admitted to the Institute, he knew no objections to the one now proposed. The question of admitting females to membership must be met by the Institute: and he should vote in the affirmative, because he thought well of the sex generally; and because some of them had qualifications fully equal, if not superior, to those of male practitioners in general; and because the Institute would have to come to it, the issue being unavoidable.

Some discussion ensued upon the fitness of the applicant for membership, which was participated in by Drs. Thayer, Sherman, McManus, and others.

Dr. Talbot said that he considered the question before the Institute to be one of broader scope than mere individual qualifications. It was one of the great moral questions which were forcing themselves upon the attention of society in various phases; and he would greatly prefer to see it discussed upon its abstract merits, than upon any consideration of personal qualifications.

By consent of the Institute, Dr. Wells offered the following resolution as a substitute for that under consideration:—

Resolved, That the American Institute of Homœopathy admit to membership properly educated females.

Dr. Donovan, of Staten Island, said that he thought it proper for the Institute to do every thing in its power to elevate and improve the standard of female practitioners of medicine. There were many circumstances in which a female physician was preferable to a male, especially in the treatment of diseases of her own sex; but the admission of women to the membership of the Institute was quite a different question. They would here impose a restraint upon the deliberations, and prevent the discussion of many reports of great importance to the profession. It was therefore better that they should form associations of their own. He accordingly introduced the following resolution, as a substitute for the one offered by Dr. Wells:

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RESOLVED, That the American Institute of Homœopathy, while admitting the importance of educating women as practitioners of medicine, and the advantages that will result in many cases from their employment as physicians, cannot approve of their being associated with males in our medical colleges, or as students in the classes of our medical colleges; as such association, we believe will, in the one case, tend to fetter freedom of discussion, and, in the other, violate that sense of propriety, and sentiment of delicacy, which the community deem so important to preserve the proper relation of the sexes.

The substitute was rejected by a large majority; and the question then recurred upon the original resolution.

Dr. Cooke, of Chicago, said that he believed women had a right to engage in medicine, but they should not ask to join male homœopathic societies: they should establish societies of their own. If they were admitted to the membership of the Institute, they would not only embarrass the proceedings, but keep the other members in a constant ferment.

After some further discussion, the Institute adjourned till two o'clock.

AFTERNOON SESSION.

The Institute assembled at two o'clock, the Vice-President, P. P. Wells, M.D., in the chair.

The discussion of the resolution was resumed, and several members spoke on the subject. The yeas and nays were then called for, and ordered for the first time in the history of the Institute. The resolution was lost by a vote of fifty-six yeas to sixty-eight nays.

H. D. Payne, M.D., of New York, chairman of the Bureau of Clinical Medicine, read a report of the action of the bureau during the past year. He also read a paper on the alleged change of type in diseases within the last twenty-five or thirty years, during which the allopathic treatment of most diseases had undergone a complete revolution in all parts of the world, and among all classes of physicians; a milder course of medical treatment had taken the place of the system formerly in vogue.

D. H. Beckwith, M.D., read a report on the treatment of diphtheria. He described several typical cases, with the treatment which had been adopted, and the results of his careful study of this disease. The remaining reports of this bureau were continued to the following day.

Reports were received from the delegates of the State and local societies, all of which showed that Homœopathy was flourishing in their respective localities. The Institute then adjourned udtil Friday.

THIRD DAY.—MORNING SESSION.

The Institute met at nine o'clock, the President in the chair.

The report of the Bureau of Clinical Medicine was continued. A very carefully prepared paper by T. G. Comstock, M.D., of St. Louis, on the subject of cholera, was presented. It gave a full and interesting account of the epidemic which prevailed in St. Louis with such severity last summer.

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The various reports of the Bureau of Clinical Medicine were accepted, and referred to the Committee of Publication.

The report of the Bureau of Surgery was then taken up; and, in the absence of the chairman, Dr. W. Tod Helmuth, one of the members of the bureau, gave a detailed account of new operations performed by him, improvements for the treatment of fractures, &c. He described in a graphic manner a very difficult operation of perineal urethrotomy which he performed in St. Louis, accompanying his account with a minute description of the anatomy of the parts. He also presented to the Institute specimens of the cuboid, scaphoid and cuneiform bones taken from the ankle of a patient suffering with caries of the bones of the ankle, and described the operations which he performed to save the foot, securing at the same time motion at the ankle-joint. He also showed the Institute the entire bone of the lower jaw, which he had removed from a boy in Indianapolis. He performed this operation while attending the recent meeting of the Western Institute of Homœopathy. In two days after the operation, the patient was able to talk. This operation had been performed but three or four times in the United States. The bone was removed because of necrosis, and a pin was found imbedded in the substance of the bone. He also described a new method of applying the ligature in the operation for varicocele.

Dr. Bushrod W. James, of Philadelphia, then described a new apparatus for treatment of transverse fracture of the patella. He explained that the difficulty of retaining in apposition the two fragments of the patella, in a transverse fracture, was well known to all surgeons into whose hands such cases fall. The ordinary apparatus was very apt to slip out of place, or to produce such excoriation of the surrounding parts, where strong pressure must be constantly made, that the appliances must either be very insecure, or very painful to the patient. This defect in the apparatus has usually resulted in ligamentous union of the fracture, and the patient has been rendered permanently lame thereby.

Dr. William A. Reed, of Philadelphia, exhibited a remarkable bone taken from an ovarian tumor during a post-mortem examination. It resembled in shape the temporal bone, and had three teeth, resembling molars, inserted in different portions of it. It was taken from a subject forty years of age, who presented unmistakable evidences that this could, in no wise, have been the result of pregnancy.

Dr. B. F. Bowers, of New York, described new instruments for use in cases of ectropion, and an appliance for umbilical hernia.

Dr. George F. Foote, of Philadelphia, read a paper on the external use of drugs in surgical diseases, taking strong ground against it. He had no faith in the use of drugs in such cases, and would put the patient under hygienic conditions. Where there are symptoms indicating certain remedies, he would use them in the same manner as if the patient had no local or surgical affection.

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J. Beakley, M.D., chairman of the Bureau of Surgery, being now present, stated that he had been unable to prepare any report of his bureau, but promised to do so in a few days.

The Secretary read a letter from Dr. Sheffield, of Nashville, Tenn., descriptive of a monstrosity, partially bicephalous, which had recently come under his observation. The letter was accompanied by a photograph of the child, who lived twenty-four hours after birth.

Dr. L. H. Willard, of Pittsburg, read a paper on the fracture of the femur, and its treatment by a new apparatus, which was illustrated with drawings. The object is to do away with the wooden splints and apparatus now in use.

Dr. N. F. Cooke, of Chicago, presented a paper on dislocation of the kidney, or, as it is sometimes termed, floating kidney.

Dr. William Hause, of Adrian, Mich., presented a paper on otitis.

Dr. C. Theod. Leibold, of New York, read a paper on astringents, and a new form of eye syringe.

These papers were severally referred to the Committee on Publication.

At twelve o'clock, in accordance with a previous assignment, the consideration of the report of the committee on a complete code of medical ethics was taken up.

Dr. Swazey, from the sub-committee, reported several amendments, which had been thought desirable. Most of these were of an unimportant character. He paid a high compliment to the careful and erudite manner in which the report had been drawn up. He suggested striking out the entire section which makes it derogatory to a physician to hold patent for any improvement or invention pertaining to the medical profession.

An earnest and spirited discussion arose on this proposition, in which Drs. Thayer, Swazey, Kirby, Clarke, McManus, Gregg, Wells and Talbot participated.

Pending the discussion, the Institute adjourned till the afternoon.

Afternoon Session.

The Institute assembled at two P. M., the President in the chair.

The discussion on the code of ethics was continued; and, on motion of Dr. H. B. Clarke, it was ordered, that the report be referred to the Committee on Publication, with instructions that it be printed in the Transactions.

It will accordingly come up for consideration at the next meeting.

J. C. Sanders, M.D., of Cleveland, presented a report of the Bureau of Obstetrics. A portion of it was read, and it was referred to the Committee on Publication.

The report of the Bureau of Statistics was then taken up, and the several recommendations and resolutions contained therein were adopted.

Dr. H. D. Paine, Necrologist for the year past, presented obituary notices of the deceased members. It was referred to the Committee on Publication.

Dr. Hoffman, of New York, exhibited a new form of pessary, and explained its use and method of construction.

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Dr. E. B. Harding exhibited a new kind of uterine supporter, which excited some discussion as to the necessity of any instrument of the kind.

Dr. J. C. Sanders offered the following resolution, which was adopted:—

RESOLVED, That a committee of five be appointed to prepare, for the consideration of the Institute at its next meeting, suggestions and plans for the general advancement of the standard of medical education.

Dr. Verdi moved that the subject of establishing an institute in other countries similar to the American Institute, and to be in correspondence with this, which was presented at the last session, be referred to a special committee. The motion was carried, and Drs. Carroll Dunham, T. S. Verdi, I. T. Talbot and B. DeGersdorff, were appointed as the committee.

On motion of Dr. Smith, Drs. H. D. Paine, S. B. Barlow and E. M. Kellogg, were appointed a Finance Committee, with power to settle all claims against members of the Institute for back dues.

On motion of Dr. Clarke, the President was instructed to appoint the members of the several bureaus and the special committees.

On motion of Dr. Smith, the Secretary was instructed to cause the seal of the Institute to be suitably engraved for use in official publications.

Dr. Clarke moved, that when the Institute adjourn, it be to meet at St. Louis, on the first Wednesday of June, 1868. After considerable discussion, the motion was carried.

Dr. Swazey offered the following resolution, which was adopted:—

RESOLVED, That the names of our deceased members be arranged by themselves in the published Proceedings, with the date of their decease affixed.

Dr. Swazey also offered the following, as an amendment to the Constitution, which was laid on the table, to be acted on at the next meeting;—

RESOLVED, That the third article be amended by inserting the words "male or female" after the word "others."

Dr. H. M. Paine offered the following resolution, which was adopted:—

RESOLVED, That, in the organization of life-insurance companies which discriminate in favor of practical Homœopathists, we recognize an important instrumentality, which, by showing the superiority of homœopathic treatment, will contribute to the more rapid adoption of the principles of medical science promulgated by the illustrious Hahnemann; and that, whenever practicable, the members of this Institute will give to such organizations a united and cordial support.

The President announced the following appointments:

Bureau of Materia Medica—Drs. Conrad Wesselhoeft, of Dorchester, Mass.; Walter Williamson, of Pennsylvania; William E. Payne, of Maine: E. M. Hale, of Illinois; and Samuel B. Barlow, of New York.

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Bureau of Clinical Medicine—Drs· Henry D. Paine, of New York; S. M. Cate, of Massachusetts, D. H. Beckwith; of Ohio; P. P. Wells, of New York; and J. C. Burgher, of Pennsylvania.

Bureau of Obstetrics—Drs. H. H. Guernsey, of Philadelphia, Penn.; J. C. Sanders, of Ohio; J. H. Woodbury, of Massachusetts; R. Ludlam, of Illinois; and T. S. Verdi, of Washington.

Bureau of Surgery—Drs. William T. Helmuth, of St. Louis, Mo.; Jacob Beakley, of New York; G. D. Beebe, of Illinois; E. C. Franklin, of Missouri; and George F. Foote, of Pennsylvania·

Bureau of Physiology—Drs. J. H. P. Frost, of Philadelphia, Penn.; C. Vastine, of New Jersey; T. P. Wilson, of Ohio; H. P. Gatchell, of Ohio; and J. J. Mitchell, of New York.

Bureau of Hygiene—Drs. Carrol Dunham, of New York; George E. Shipman, of Illinois; T. G. Comstock, of Missouri; J. H. Pulte, of Ohio; and C. William Boyce, of New York.

Bureau of Anatomy—Drs. T. F. Allen, of New York, John C. Morgan, of Pennsylvania; H C. Allen, of Ohio; Melville Bryant, of New York; and J. Holtby, of New York.

Bureau of Organization and Statistics—Drs. H. M. Smith, of New York; Horace M. Paine, of New York; B. W. James, of Pennsylvania; William F. Jackson, of Massachusetts; and G. C. Duncan, of Illinois.

Committee on Medical Education—Drs. John C. Sanders, of Ohio; George S. Walkea, of Missouri; S. R. Kirby, of New York; Daniel Holt, of Massachusetts; and D. S. Smith, of Illinois.

Orator for 1868—Dr. Henry B. Clarke, of New Bedford.

Alternate—Dr. William H. Watson, of Utica.

Necrologist—Dr. H. D. Paine, of New York.

Committee of Arrangements—Drs. T. G. Comstock, E. C. Franklin, J. Hartmann, G. S. Walker and William T. Helmuth, of St. Louis.

On motion of Dr. W. E. Payne, resolutions were unanimously adopted, tendering the thanks of the Institute to the General and Provisional Secretaries and the Treasurer, for their arduous labors in behalf of the Institute during the past year; to the presiding officers, for the impartial manner in which they have performed their duties; to the members of the various bureaus, for their untiring and successful efforts; to the press of New York, for their careful and extended reports; and to the Committee of Arrangements, the New York Homœopathic Medical Society, and the physicians generally of New York, for the kind and hospitable manner in which they had entertained the members of the Institute during its session.

The Institute then adjourned, to meet in St. Louis on Wednesday, June 3, 1868.

I. T. TALBOT, *General Secretary.*

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CLASSIFICATION OF A FEW OF THE 'NEW REMEDIES,'

According to the Parts of the Body Acted Upon.

(After the Plan of Bonninghausen.)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from page 115.)

Fauces, remedies acting on—Æs.-hip., aloes, arum-trip., asc.-sy., bapt.-tinct., cimicif., cist.-can., dios.-vil., gelsm., ham., hel., hyd., iris, phytol., rumex, sang.-can., tell., verat.-vir.

Fauces, burning in—Aloes, asc.-sy., cist.-can., sang.-can., tell., verat.-vir.

Fauces, dryness of—Æs.-hip., cimicif., cist.-can., dios.-vil., gelsm., ham. hel., iris, phytol., tell.

Fauces, rawness of—Cist.-can., eup.-perf., gelsm., hyd., iris, phytol., tell.

Fauces, itching of—Æs.-hip., tell.

Fauces, mucus about the—Aloes, cist.-can., hyd., phytol., rumex.

Tonsils, remedies acting on—Æs.-hip., aloes, bapt.-tinct., dios.-vil., erig.-can., hyd., phytol.

Soft palate, remedies acting on—Æs.-hip., aloes, bapt.-tinct., cimicif., phytol.

Œsophagus, constriction of—Arum.-trip., cact.-grand., verat.-vir.

Œsophagus, spasms of—Verat.-vir.

Secretion of mucus from the throat—Æs.-hip., apoc.-can., hyd., lith.-carb., phytol., rumex, tell.

Constant desire to swallow—Æs.-hip., bapt.-tinct., caul., cimicif., dios.-vil., phytol., verat.-vir.

Difficulty of swallowing—Gelsm., sang.-can.

Sore throat, commencing on the right side and going to the left—Pod.-pel.

Rattling of mucus in the throat—Pod.-pel.

Partial paralysis of glottis—Gelsm.

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Sensation as if a ball of red-hot iron had lodged in the fauces—Phytol.

Sensation of sand in the throat—Cist.-can.

Sensation as if an apple core had lodged in the throat—Phytol.

Sensation of thirst, in the throat, not relieved by water—Ham.

Sensation of swelling—Aloes, sang.-can., xan.

Sensation of swelling as if it would suffocate him—Sang.-can.

Sensation as of a ball rising in the œsophagus—Verat.-vir.

STOMACH AND GASTRIC SYMPTOMS.

Remedies acting on the stomach—Æs.-glab., æs.-hip., aloes, alet.-far., apoc.-andr., apoc.-can., asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., cist.-can., collin.-can., corn·-cir., dios.-vil., eup.-perf., euphorb., gelsm., ham., hel., hyd., iris, lach.-tincto., lept., lith.-carb., phytol., pod.-pel., rumex, sang.-can., tell., trill.-pen., verat.-vir., xan.

Cardiac region—Bapt.-tinct., hyd., lept., phytol., tell., verat.-vir.

Pyloric region—Æs.-hip., phytol.

Stomach, acute pain in—Æs.-glab., æs.-hip., asc.-tub., bapt.-tinct., cimicif., collin.-can., dios.-vil., hyd., lept., phytol., pod.-pel., rumex, verat.-vir.

Stomach, burning pain—Æs.-hip., aloes, asc.-tub., bapt.-tinct., cact.-grand., caul., collin.-can., corn.-cir., dios.-vil., erig.-can., eup.-perf., gelsm., hyd., iris, lept., pod.-pel., sang.-can., tell., trill.-pen.

Stomach, constant pain—Asc.-tub., bapt.-tinct., dios.-vil., hyd., iris, lept.

Stomach, constrictive pain—Tell., verat.-vir.

Stomach, cutting pain—Æs.-hip., collin.-can., dios.-vil., gelsm., hyd., lept., phytol., rumex.

Stomach, cramps in—Æs.-glab., asc.-tub., bapt.-tinct., collin.-can., gelsm., hel.

Stomach, crawling in—Aloes.

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Stomach, colicky pains—Æs.-hip., bapt.-tinct., cact.-grand., caul., cimicif., collin.-can., corn.-cir., dios.-vil., gelsm., hel., iris, rumex, xan.

Stomach, drawing pain—Aloes, corn.-cir., dios.-vil., sang.-can., verat.-vir.

Stomach, dull pain—Æs.-hip., bapt.-tinct., collin.-can., dios.-vil., eup.-perf., gelsm., hyd., lept.

Stomach, distress of (uneasiness)—Aloes, asc.-sy., bapt.-tinct., collin.-can., corn.-cir., dios.-vil., eup.-perf., euphorb., hel., hyd., iris, lith.-carb., lept., phytol., tell., xan.

Stomach, distension of—Aes.-glab., æs.-hip., apoc.-can., caul., collin.-can., corn.-cir., eup.-perf., gelsm., iris, lept., rumex.

Stomach, empty feeling—Bapt.-tinct., cimicif., corn.-cir., gelsm, pod.-pel., sang.-can., tell.

Stomach, full feeling—Aes.-hip., aloes, cimicif., collin.-can., eup.-perf,, lach.-tincto., lith.-carb., tell.

Stomach, faintness at—Aloes, apoc.-can., cimicif., corn.-cir., dios.-vil., euphorb., gelsm., hyd., lept., tell.

Stomach, fluttering pit of—Aes.-hip., apoc.-can., cimicif., xan.

Stomach, flying pains in—Apoc.-andr., verat.-vir.

Stomach, gnawing pain—Aes.-hip., apoc.-can., bapt.-tinct., cimicif., corn.-cir., gelsm., lith.-carb.

Stomach, pit of—Aloes, corn.-cir., eup.-perf., iris, lach.-tincto., lept., phytol., rumex, verat.-vir.

Stomach, pulsating pain—Cact.-grand., corn.-cir., pod.-pel.

Stomach, pressing pain—Aloes, hel., lith.-carb., phytol., sang.-can., verat.-vir.

Stomach, spasmodic pain—Dios.-vil.

Food turns sour soon after eating—Pod.-pel.

Nausea—Aes.-glab., æs.-hip., aloes, apoc.-andr., apoc.-can., alet.-far., asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., cist.-can., collin.-can., corn.-cir., erig.-can., eup.-perf., euphorb., gelsm., hyd., iris, lach.-tincto., lept., lith.-carb., phytol., pod.-pel., rumex, sang.-can., tell., verat.-vir.

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Vomiting—Aes.-hip., alet.-far., aloes, apoc.-andr., apoc.-can., asc.-sy., bapt.-tinct., cimicif., collin.-can., erig.-can., eup.-perf., euphorb., iris, phytol., pod.-pel., rumex, sang.-can., verat.-vir.

Eructations—Aes.-hip., aloes, asc.-tub., bapt.-tinct., caul., dios.-vil., eup.-perf., hel., hyd., iris, lith.-carb., phytol., pod.-pel., sang.-can., xan.

Regurgitations—Aes.-hip., aloes, cact.-grand., cimicif., cist.-can., corn.-cir., eup.-perf., gelsm., hyd., iris, lach.-tinct., lept., phytol., pod.-pel., rumex, sang.-can.

Regurgitation of food—Cact.-grand., cimicif., pod.-pel., sang.-can.

Regurgitation sweetish water—Lach.-tincto.

Regurgitation sour—Aloes, gelsm., hyd., iris, lept., phytol., pod.-pel.

Regurgitation bitter—Aloes.

Regurgitation tasteless—Aloes, corn.-cir., eup.-perf., gelsm., iris, rumex.

Vomiting of blood—Aloes, cact.-grand., ham., pod.-pel., verat.-vir.

Vomiting of bile—Apoc.-andr., eup.-perf., pod.-pel., verat.-vir.

Vomiting of bitter water—Sang.-can., verat.-vir.

Vomiting of food—Eup.-perf., lept., pod.-pel., verat.-vir.

Vomiting of sour fluid—Iris, phytol.

Vomiting of mucus—Eup.-perf., pod.-pel., verat.-vir.

Vomiting fluids pass through the nose—Gelsm.

Hiccough—Gelsm., lach.-tincto., phytol., sang.-can., verat.-vir.

Soreness around the waist—Eup.-perf.

Sensation of weight in the stomach—Aloes, asc.-tub., bapt.-tinct., cact.-grand., cimicif., hyd., lith.-carb., rumex, xan.

Sensation as if the walls of the stomach were greatly thickened—Aes.-hip.

Sensation as if the stomach would fall down into the intestines—Aes.-hip.

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Sensation of internal tremor in the stomach—Cimicif.

Sensation in stomach as of something alive—Sang.-can.

Sensation in stomach as of something that ought to come up—Eup.-perf.

Sensation as if the stomach would burst while laughing —Asc.-tub.

Sensation as if the stomach was drawn tightly against the spinal column—Verat.-vir.

Sensation of heat rising from the stomach into the œsophagus—Trill.-pen.

The constrictive pain is increased by warm drinks, which seem to go under the pain—Verat.-vir.

ABDOMEN.

Epigastric region—Aes.-hip., aloes, apoc.-can., bapt.-tinct., cimicif., collin.-can., dios.-vil., eup.-perf., gelsm., hyd., iris, lach.-tincto., lept., lith.-carb., phytol., sang.-can., tell., verat..vir.

Umbilical region—Aes.-hip., aloes, bapt.-tinct., cact.-grand., cimicif., cist.-can., corn.-cir., dios.-vil., gelsm., hyd., iris, lept., phytol., pod.-pel., rumex, verat.-vir.

Hypochondriac region—Aes.-hip., aloes, apoc.-andr., asc.-tub., bapt.-tinct., cimicif., cist.-can., corn.-cir., dios.-vil., eup.-perf., gelsm., iris, lach.-tincto., lept., murex, phytol., pod.-pel., stict.-pul., sang.-can., xan.

Right hypochondriac—Aes.-hip., aloes, apoc.-andr., asc.-tub., bapt.-tinct., caul., dios.-vil., eup.-perf., iris, lach.-tincto., lept., murex, phytol., pod.-pel., stict.-pul., verat.-vir., xan.

Left hypochondriac—Aes.-hip., aloes, asc.-tub., cimicif., cist.-can., corn.-cir., eup.-perf., gelsm., lept., phytol. pod.-pel., rumex, stict.-pul., sang.-can.

Inguinal region—Aes.-hip., aloes, gelsm., lept., lith.-carb., phytol., pod.-pel., xan.

Abdomen, acute pain in—Aes.-hip., aloes, bapt.-tinct., cact.-grand., caul., cimicif., collin.-can., corn.-cir., dios.-vil.,

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gelsm., hyd., lept., lith.-carb., murex, phytol., pod.-pel., sang.-can., verat.-vir.

Abdomen, aching pain in—Aes.-hip., aloes, bapt.-tinct., dios.-vil., eup.-perf., gelsm., hyd., lept., phytol., rumex, stict.-pul., tell., verat.-vir.

Abdomen, bruised (or sore) pain in—Aloes, cist.-can., sang.-can., xan.

Abdomen, burning pain in—Aes.-hip., aloes, asc.-tub., bapt.-tinct., cact.-grand., caul., corn.-cir., erig.-can., hyd., iris, lach.-tincto., lept., phytol., pod.-pel.

Abdomen, boring (digging) pain—Aloes, phytol., sang.-can.

Abdomen, constant pain—Bapt.-tinct., dios.-vil., hyd., lept., phytol., sang.-can.

Abdomen, cutting pain in—Aes.-hip., aloes, cimicif., dios.-vil., gelsm., iris, hyd., lach.-tincto., lept., phytol., pod.-pel., sang.-can., verat.-vir.

Abdomen, crawling in—Aloes.

Abdomen, colicky pains—Aes.-hip., aloes, apoc.-can., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., collin.-can., corn.-cir., dios.-vil., gelsm., hel., hyd., iris, lach.-tincto., murex, nupr., phytol., pod.-pel., rumex, sang.-can., tell., xan.

Abdomen, drawing pain—Aes.-hip., aloes, bapt.-tinct., corn.-cir., dios.-vil., sang.-can., verat.-vir.

Abdomen, distension of—Aes.-glab., æs.-hip., aloes, apoc.-can., bapt.-tinct., caul., collin.-can., corn.-cir., gelsm., iris, lept., lith.-carb., pod.-pel., rumex, stict.-pul., xan.

Abdomen, eruption—(See Skin.)

Abdomen, flying pains in—Aes. hip., bapt. tinct., cact.-grand., cimicif., verat. vir.

Abdomen, flatulence—Aloes, apoc. can., asc. tub., bapt.-tinct., caul., cimicif., cist. can., collin. can., gelsm., lach.-tincto., lept., nupr., phytol., pod. pel., rumex, sang.can., tell.

Abdomen, faint feeling—Cimicif., corn.cir., gelsm., hyd., lach. tincto., lept.

Abdomen, griping pain—(See colicky pain.)

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Abdomen, hard—Aloes, rumex.

Abdomen, heat in—Aes. hip., aloes, asc. tub., bapt.-tinct., cact. grand., caul., corn. cir., erig. can., hyd., iris, lach. tincto., lept., phytol., pod. pel.

Abdomen, itching—(See Skin.)

Abdomen, pressing pain—Aes.hip., aloes, cimicif., corn.-cir., lith. carb., phytol., tell.

Abdomen, palpitation of muscles—Gelsm.

Abdomen, pulsation of the cœliac artery—Cact. grand.

Abdomen, rumbling in—Aes. hip., aloes, asc.tub., bapt.-tinct., cact. grand., caul., cimicif., collin. can., corn. cir., gelsm., hel., hyd., iris, lach. tincto., lept., phytol., pod.pel., rumex, verat. vir., xan.

Abdomen, stitches in—Aes. hip., aloes, lith. carb., pod.-pel.

Abdomen, soreness of muscles—Bapt. tinct., cimicif., hyd.

Abdomen, tenderness on pressure—Asc. tub., aloes, bapt. tinct., caul., gelsm., phytol., xan.

Abdomen, transient pain—Aloes, phytol.

Abdomen, throbbing in—Aloes, asc. tub., sang. can., tell.

Abdomen, twisting pain in—Aloes, cimicif., pod. pel.

Abdomen, uneasiness in—Aloes, apoc. can., cact. grand., cist. can., corn. cir., gelsm., lept., murex.

Ascending colon—Pod. pel.

Descending colon—Aloes.

Transverse colon—Aloes, gelsm., pod. pel.

Vernicular motion in the colon—Lept.

Sensation as if a serpent was twisting around in the bowels—Cact. grand.

Sensation of emptiness in the bowels—Corn. cir., nupr., pod. pel.

Sensation of coolness in the alimentary canal—Cist.can., Lept.

Sensation as if the belly would drop—Asc. tub.

Sensation as if hot water poured itself from the breas into the abdomen—Sang. can.

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ANUS AND STOOLS.

Anus, remedies acting on—Aes. hip., aloes, asc. sy., asc.-ub., cact. grand., collin. can., corn. cir., dios. vil., erig.-can., eup. perf., ham., iris, lith. carb., nupr., phytol., pod. pel., rumex, tell., trill. pen., verat. vir.

Rectum—Aes. hip., aloes, apoc. can., asc. sy., bapt. tinct., cact. grand.. collin. can., corn. cir., dios. vil., erig. can., iris, lach. tincto., lept., lith. carb., murex, nupr., phytol pod. pel., rumex, sang. can., trill. pen., verat. vir.

Perinæum—Aloes, lith. carb., phytol., tell.

Hæmorrhoids—Aes. hip., aloes, bapt. tinct., collin. can., dios. vil., erig. can., ham., pod. pel., sang. can., tell., verat.-vir.

Anus, acute pain in—Aes. hip., cact. grand., corn. cir., lept., nupr.

Anus, burning in—Aloes, corn. cir., collin. can., erig.-can., eup. perf., iris, nupr., pod. pel., tell.

Anus, cutting pain in—Aes. hip., aloes, lept., phytol., verat. vir.

Anus, crawling in—Aloes.

Anus, prolapse of—Dios. vil., iris, pod. pel.

Anus, itching in—Aes. hip., aloes, cact. grand., collin.-can., lith. carb., rumex, tell.

Anus, increased secretion of mucus—Aes. hip., pod.-pel.

Anus, sore feeling—Aes. hip., aloes, asc. sy., pod. pel.

Anus, hæmorrhage from—Aloes, cact. grand., ham., hyd., trill. pen.

Rectum, pressing pain—Aes. hip., aloes, corn. cir., murex, pod. pel.

Rectum, stitches in—Aloes, lach. tincto., nupr.

Eruption—(See Skin.)

Constipation—Aes. glab., aloes, apoc. andr., apoc. can., bapt. tinct., cact. grand., caul., chim., cimicif., collin. can., corn. cir., dios. vil., eup. perf., ham., iris, phytol., pod. pel., murex, rumex, sang. can., tell., trill. pen.

(To be continued.)

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[TRANSLATED FOR THE WESTERN HOMŒOPATHIC OBSERVER.]

SUBCUTANEOUS INJECTIONS WITH HOMŒOPATHIC REMEDIES.

BY DR. KAFKA, OF PRAGUE.*

I.—*Cardialgia—Arsenicum.*

The injection of medicinal agents under the skin, has been very favorably received. In obstinate neuralgia, in the various forms of convulsions, in painful affections, complicated with diseases of a constitutional or infectious character,—as for instance, cancer, erosions, indurations, &c.,—subcutaneous injections with Morphium, Opium, Atropin, Chinin, &c., have been employed with the best results.

With a view of testing the action of homœopathic remedies for subcutaneous injections, Dr. K. made his first experiment last year, in a desperate case, the result of which was most surprising.

A lady, with frequent attacks of cardialgia, recovered in 1858 so far, that she was very comfortable if an attack did return, in consequence of carelessness in her diet, &c. In the spring of 1865, she had four children sick with whooping-cough, and removed into the country; of course she manifested much anxiety about her family, and the close attention in nursing the children, and losing much sleep, much reduced her system.

During this time the cardialgia returned, and was more or less severe during the whole summer, the fall, and far into the winter season. None of the remedies indicated gave her any relief. The attacks continued in violence, and were sometimes of from four to five days duration, without intermission. In view of this, and also, since the most carefully selected homœopathic remedies gave no relief, several consultations with the Clinical Professors of the University were held, and under their directions various narcotics and nervines were used. The patient was put on Morphium, commencing with half a grain every two hours, and every second day the dose was increased. It was thought that by increasing the dose, the affected nerves might be deadened; and so, by gradual increase, the patient used three grains in twenty-four hours. The effects were totally negative; the pain was not relieved, and not even narcosis manifested itself. Zincum valeri. was also given, and in increased doses, but with no effect. One

* Allgem. Homœo. Zeitung, Vol. LXXIV., Nos. 14 and 15.

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of the Professors recommended Ol. terebinthinæ and Æther sulphur., but it did not agree with the patient, and increased the pain vehemently. After many other remedies were used, all without any benefit, and the patient in her desperation attempted to commit suicide, Dr. K. proposed Chloroform as an anæsthetic, with which remedy the pain was for some time considerably ameliorated. The patient, happy to be in possession of a palliative, made use of it, without the advice of her physicians, whenever the pain appeared. The result was, that for a long time she would use four ounces of Chloroform during twenty-four hours, without any apparent injury to her.

After a while this remedy also lost its effect; upon which Dr. K., with the consent of the Professors, concluded to have recourse to hypodermic injections. Dr. Ott, junior physician to the Commercial Hospital, performed the operation, first with Atropin, then with Morphium, and last with Chinin. The result, after twenty injections, was not favorable; although for a few hours there was narcosis, and a partial relief of pain, yet the attacks were always more intense and of longer duration afterwards.

The patient was already in the highest degree of anæmia, greatly emaciated, countenance sunken, and totally reduced in strength.

On March 10, 1866, Dr. K. met Dr. O. again in relation to another subcutaneous injection. The poor patient laid bent up in her bed, moaning and groaning. She complained of burning and pressure in the stomach and spinal column; there was dryness of the mouth, great thirst and faintness; pulse very small and accelerated; urine considerably diminished. Dr. Kafka proposed Arsenicum, 3d trit., for hypodermic injection, which was at once agreed to, and carried out by Dr. Ott, with great interest. *The result was really magical; after one hour all the above mentioned symptoms had disappeared, the pain entirely gone.* To guard against the return of similar attacks, another injection was made on the next day. *The attacks of pain have not appeared again from that day up to the present time* (March, 1867). The patient soon acquired an appetite, and under a good diet she recovered her health entirely.

II.—*Tetanus*—*Cicuta.*

On March 23d, 1867, Dr. Kafka was called to see a merchant, about forty years of age, spare, and of weakly constitution. He had been, since the night previous, in

convulsions. The patient had returned from a journey on the morning of the 22d of March, but previous to his journey he had been under considerable excitement, talked much nonsense, &c. In the evening of the 22d of March, he ate his supper with haste, and was suddenly taken with oppression of the chest and difficult deglutition. He ran about in his room, in the greatest anxiety, endeavoring to relieve the spasms of the throat, now with water, then with sugar, or with bread; but the spasmodic deglutition increased from one minute to another, till the patient approached suffocation. An allopathic physician was called, who found the patient with clonic and tonic convulsions. He ordered ice to the head, &c., applied epispastics, and prescribed some mixture containing *Lacoroceranis*. The spasms, however, did not cease. About 3 A. M., the spasms assumed the character of *tetanus*, complicated with *trismus*. As the tetanus still continued at 7 A. M., on the 23d, and all medication became impossible, the attending physician proposed to send the patient to the hospital. The friends, however, opposed this, and Dr. Kafka was called. He found the patient in a dead stupor, with the jaws firmly closed and the body completely stretched. Dr. K. was not able to move the arm, foot, finger or toe of the patient; the neck also was rigid, and the whole body resembled an immovable block. The head was hot, the sunken cheeks red, (circumscribed,) respiration snoring; by every attempt to move one or the other part of the body, the snoring increased. The eyes vacant, pupils contracted, the sensitive faculty suspended; the patient neither felt the piercing of the needle-point, nor the pinching and burning with a heated needle. Pulse full, retarded, 52 per minute; impulse of the heart weaker; abdomen sunken, tense; no urine during the night.

Dr. K. diagnosed *tetanus* as the sequence of *meningitis*, and expressed a doubtful prognosis; and as no medicine could be administered either by the mouth or *per anum*, he proposed a subcutaneous injection of a homœopathic remedy; and at noon he injected Cicuta vir., 2d dil., because the tetanus was developed in consequence of meningitis, with previous convulsions. He took five drops of Cicuta to five drops of tepid water, for an injection. *The effect was splendid.* At one o'clock the nurses noticed already a marked decrease in the rigidity of the parts and of the sopor. At 2 P. M. the patient called for a urinal and for drink; at 3 P. M. he recognized the surrounders, and at 4 P. M. the Doctor found him

sitting up in bed and promptly answering all questions. The talking however was yet difficult, and his memory somewhat obtuse. The patient complained of the rough treatment of his nurses, for which he had just cause, since the marks on his arms indicated rough handling; the nurses, however, stated that as the patient made attempts to jump out of the window, they had to use power to hold him. His head was cool, pupils not contracted, cheeks not flushed, pulse 60.

No other medicine was given, as the Doctor did not wish to interrupt the action of the Cicuta. The patient was ordered to take weak broth freely, and discontinue the cold application to the head. The night of the 23d passed sleeplessly, but patient was quiet, which plausible condition continued also the next day. During the night of the 24th, the patient slept two or three hours before midnight, but after that time his head became hot again, delirium set in, scolding his nurses continually, saying they wanted to poison him.

The Doctor found the patient in the same condition the next morning, and prescribed *Bell.* 3d, every hour, and again applied cold water to the head. The day passed somewhat more quietly, but in the night the brain symptoms increased with violence, patient got out of his bed, and fought his nurses. *Stram.* 3d was now given. The patient did not improve under it, and refused to take medicine, imagining in his delirium that we gave him poison. His deportment towards the Doctor and nurses became now most brutal. Under these circumstances, Dr. K. turned the patient into the hands of Dr. F., who makes the treatment of the insane a specialty, and who expressed a doubtful prognosis.

Dr. K. closes his paper as follows:—"Very interesting, in this case, is the speedy action of Cicuta in tetanus, which, notwithstanding the increasing violence of the meningitic symptoms, did not return again. The effect of the subcutaneous injection was so exquisite, that I take the liberty of calling the attention of the homœopathic physician to the superiority of hypodermic injections with homœopathic remedies, and request, at the same time, to report each case, whether favorable or unfavorable in its result, to the homœopathic journals.

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CHOREA TREATED BY RICHARDSON'S APPARATUS.

An interesting case in which Chorea was successfully treated by freezing the skin over the spinal cord, has lately been recorded in the *Gazette Hebdomadaire*, and tends to some extent to support the ice theory of Dr. Chapman. A little girl, of about seven years old, was attacked with chorea, and presented herself to Dr. Lubelski, who, having tried in vain the usual tonic and anti-spasmodic remedies, determined to produce "anæsthesia of the spinal cord" by means of ether spray. The instrument used was the variety of Richardson's apparatus employed by dentists, and which has a double nozzle. It was applied to both sides of the spinal cord, and the ether spray was forced upon the surface for about three or four minutes, the operation being twice repeated. The result was that all the abnormal movements ceased, and the natural powers of motion were restored.—[Lancet, March 16, 1867.

The Western Homœopathic Observer.

ST. LOUIS, JULY 15TH, 1867.

Owing to the importance of the deliberations of the American Institute of Homœopathy, it has been deemed advisable to print them entire in this number of the OBSERVER, thereby excluding much valuable matter, which will appear in as rapid succession as the pages of the journal will admit. Among these deferred articles are translations from the foreign journals which are possessed of great interest, such as Kali-chlo. in Diphtheria, Calcarea-carb. in Goitre, and The Artificial Induction of the Milk Secretion.

The Editor would here inform the readers of the OBSERVER, that a most excellent translator will furnish regularly for each number, articles possessed of the highest interest, gleaned from the foreign periodicals.

Contributors may be assured that their communications will appear in the order of their reception.

BOOKS AND JOURNALS RECEIVED.

The United States Medical and Surgical Journal.
Hahnemannian Monthly.
Monthly Homœopathic Review (England).
Medical Investigator.
New England Medical Gazette.
British Journal of Homœopathy.
American Homœopathic Observer.
North American Journal of Homœopathy.
The American Homœopathist.
The Medical News and Library.
The University Journal of Medicine and Surgery.
Pattison on Cancer.

Besides the Announcements of the various Colleges—the receipt of which is hereby acknowledged.

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BY WM. TOD HELMUTH, M.D.

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THE WESTERN

HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, AUGUST 15, 1867. No. 8.

H. C. G. LUYTIES, Proprietor and Publisher.

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All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

Original Articles.

ERIGERON IN GONORRHŒA.

BY T. C. GRUBER, M. D., LAWRENCE, KANSAS.

Every practitioner knows what an intractable disease Gonorrhœa is; as a celebrated writer (Yeldham) says, "One case will get well in a few days; another, in spite of the most careful treatment, will assume the most aggravated character, develope all the complications of the disease, and hang about for months;" and again, "Under any system of treatment, cases will at times run on, become chronic, baffle our best measures and tax alike the endurance both of patient and surgeon." We all know and can attest the truth of the above extracts. Our remedies so far have not been adapted to the treatment of this disease in all cases, as may be known by the eagerness with which the profession would seize a new remedy—it in time, like its predecessors, to yield to something *better*.

With a tolerably fair experience in venereal diseases, I have felt the want of an article with which I could say, "Be thou clean," and I believe that now I have it in ERIGERON

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CANADENSE; at least my results, so far, justify me in my belief. For the benefit of all who may be disposed to give this *important remedy the thorough trial which it deserves*, I herewith send report of cases taken from my note-book.

CASE I.—Mr. ———, a young man æt. twenty-one, contracted gonorrhœa 8th October; came to see me on the 12th; had a copius yellow discharge, with a good deal of scalding during micturition, and considerable fever.

℞. Tr. Acorn, Tr. Rad. gtts. iv. in ʒ iv. water a desert spoonful ter die., to be followed two hours after each dose with Tr. Erigeron gtts. vi. inclosed in one of Plantin's Jujube paste capsules.

Oct. 17th. No discharge for three days; continue two days more. Discharge cured.

CASE II.——Ellen, a woman of the town noticed discharge, Oct. 25th. Gave Erigeron 1-10 gtts. xii. ter die.

Oct. 27th. Discharge disappeared; continue two days more. Cured.

CASE III.—Mr. ———, a habitual drinker æt. 43, had coitus, 5th Nov., on the 9th observed discharge with prickling sensation when urinating.

R. Tr. Erigeron gtts. v. ter die.

Nov. 12th, no discharge, but went "on a spree" that day and had a return. 14th, symptoms as follows: Penis swollen and tender; constant and painful urging to urinate; but few drops at a time; copious yellow discharge tinged with blood; pulse 98.

R. Acorn, Rad. 1-10 gtts. v. et. Tr. Erig. gtts. vi; alternate every two hours.

Nov. 19th. Discharge disappeared yesterday. Continue Erigeron two days longer. Cured.

CASE IV.—Mr. ———, a tailor, came to see me 11th Dec. Observed discharge on 6th but no irritation.

R. Tr. Erigeron gtts. v. ter die.

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Dec. 16th. Discharge more copious with an itching along the whole course of the urethra. Gave the following injection.

R. Tr. Erigeron gtts. xxx. Alcoholis, ʒ i. Aquae Ros. ʒ xiii.

Dissolved the Erig. in the Alcohol and added the Rose water. A teaspoon to be thrown into the urethra night and morning; at the same time giving Erig. internally.

Dec. 24th. Discharge ceased four days since; continue same treatment two days longer. Cured.

Case V.—Jan. 3d. Mr. ———, æt. 24. Has had gonorhœa four weeks, taking Hydr. Chlor. Mit. and Copaiba the whole time; little irritation, but an intolerable chordee every time he laid down, and a thick greenish yellow discharge.

R. Tr. Erigeron gtts viii. inclosed in a capsule one ter die.

Jan. 7th, much better; chordee entirely gone; there is now a whitish, almost transparent, jelly-like discharge; continue Erigeron as before.

Jan. 15th. Discharge ceased three days since; a little pain and swelling in left testis, for which I gave Pals. 6-10 every four hours.

Jan. 19th. Discharge cured.

Case VI.—Jan. 11th. Mr.———, æt. 32, has been under the care of a Hydropath seven weeks. Discharge ceased in that time twice, the first time for two days, the last for five. Discharge is now enormous and of a thick muco-purulent character, burning and stinging pain in urethra, intolerable erections with an uncontrolable desire for coitus, urine streaked with blood and itching of the tests and glands.

R. Erigeron ℈ gtts. viii. ter die.

Jan. 17th. All the symptoms disappeared except a thin colorless discharge and desire for coit.

R. Opii 2-10 gtts v. Tr. Erigeron gtts iij. alternate ter die.

Jan. 21st. No discharge; continue Erigeron as before. 26th. No return of discharge, notwithstanding he assured

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me that he had been drinking beer. Continue as before two days. Cured.

CASE VII.— ———, a girl, æt. 17. Felt irritation Feb. 9th; applied to me on 16th. Burning in vagina, worse when walking; deep angry redness of the labia, acrid yellowish thin discharge much greater during the night, whitish, also secretion from the mammae.

R. Tr. Erigeron gtts iij. ter die.

Also an injection of Soluble Sulphate of Hydrastia grs. 11 to ʒ 1 Aquæ.

Feb. 20th. No discharge—feels well in every respect. Continue two days more. Cured.

CASE VIII.—March 17th. Mr.———, æt. 37. Has had Gonorhœa since 1st. Been treating himself with Ludlam's Specific and Helmbolds Rose Wash, but is no better, in fact thinks he is worse than at first. Has a profuse greenish-yellow discharge, almost unbearable scalding, chordee at night, and viotent tenesmus of the bladder and rectum.

R. Tr. Erigeron gtts vi. Tr. Staphs agria gtts v. In alternation every two hours.

March 22d. All the symptoms much better. No scalding, no chordee and but little tenesmus. Discharge is much less and nearly transparent. Continue.

March 27th. No discharge, no tenesmus. Continue Erig. three days longer. Cured.

CASE IX.—April 29th. Mr.———, æt. 28. Contracted Gonorhœa five years ago. Was under treatment of army surgeons seven months. Has a persistent thin discharge, sometimes barely enough to stain his linen, at other times very profuse. The left testicle is indurated, but painless; says the discharge never left him but three days.

R. Tr. Erigeron gtts vi.

Ter die. Injection same as case IV. ter die.

May 8th. No discharge for five days. Continue injection. For the testicle I prescribed the following:

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R. Aur. Chlor. 3-10 grs. ij. Kali. Hyd. 1-10 gtts. viii. Altern.

May 19th. Testicle growing less. Discharge never returned. Continue Aur. et. Kali. June 1st., discharge cured.

I have given above, a brief synopsis of every case, and it will be seen that some of them were "bad ones." The noticeable feature is the short time it takes to control the discharge. Since I have used Erigeron in Gonorrœha, I do not hesitate to pronounce the prognosis, which could never be done with certainty when any of the old remedies were used. *The medicine has never failed me.* Two physicians, however, have told me that they could get no good result from it. They both used the dilutions however, which I regard as nearly, if not quite worthless; at least they have been so in my hands. When the remedy is used rationally (as I think) I am satisfied no one will be disappointed in the results.

Croton Tiglium in Inflammation of the Cæcum.

BY E. B. POTTER, M.D.

TERRE HAUTE, June 25th, 1867.

In speaking or writing of inflamation of the cæcum, one is compelled to draw almost entirely on their own experience or observation. Save in the few quotations given by Dr. Cowley, as published in the United States Medical and Surgical Journal of October last, I do not remember ever to have seen anything in print concerning it. In the translation given by Dr. C. it is spoken of as existing in four different forms or divisions: first, inflamation of the mucous membrane; second, inflamation of all its membranes; third, of the vermiform appendage; and, fourth, the cellular tissue surrounding the cæcum. I cannot see the wisdom of so many divisions or varieties, as they only serve to confuse and render more difficult the selection of a remedy; and as the part occupied by the inflamation is so limited

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that at whatever precise point it may originate it soon covers the whole ground if left to take its course. The first symptom which attracts the attention is a sharp cutting pain just above and inward from the crest of the ilium. This pain may remain unchanged from half an hour to several hours; then, usually, rays of pain shoot out, first directly to the umbilicus, then along the line of the colon—then in fan-shaped rays over the whole abdomen; and in two instances, a line direct from the umbilicus to the left nipple. All of these symptoms occur during the first twenty-four hours. On the second day some frontal headache—sometimes extending to the vertex—countenance pinched, tongue coated dark brown, no appetite; indeed, even the smell of food nauseates; spirits depressed and anxious; action of the bowels up to this time natural; from this time mostly constipated, though not always so. As the disease progresses, a low grade of fever sets in, with extreme tenderness over the whole abdomen, especially over the cæcum. To a physician called in at this time, without knowing the previous history of the case, it would present at once the idea of a typhoid fever, but on close examination it will be found that there is considerable swelling over the cæcum, pressure upon which aggravates all the other symptoms—position, upon the back, with the knees elevated. After the fifth or sixth day, the pain in the head and weakness is all that is complained of, though the skin is dry and parched; the headache is so severe that delirium is often present, during which fixed ideas are characteristic; as, for instance, in one patient, (a railroad superintendent,) his time-table was constantly on his mind; ask him a question, he would make an effort, as if to answer, and then say, "Get the two ends right, and then divide the time to fit the stations between." I have never had a case to terminate fatally, and I cannot say what other symptoms might present when death was about to take place.

The disease as above described I have many times witnessed; its causes were partaking of indigestible food, ex-

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posure to strong cold without sufficient covering to protect the abdomen, riding over hard roads in cold weather, habitual use of cathartics, and last, but not least, over sexual indulgence. The first symptoms of a favorable change are a diminution of the headache, agreeable moisture of the skin, and a returning clearness of the mind. My treatment from the first has been *croton*, (from the first to the third decimal dilution,) from one to four hours apart, according to the severity of the trouble; and after the fever became settled, then an occasional dose of *baptisia*; and it is my conviction that these two remedies, with the judicious use of warm water, would greatly relieve, if not cure, the majority of cases. On examining the provings we find: 1st, stitches in the cæcum, or in the region of the sigmoid flexure; 2d, darting sticking pain the in cæcum; 3d, tenderness of the whole abdomen; 4th, darting stitches from the umbilicus upwards; 5th, stitches from the right groin into the pelvis; 6th, nausea; 7th, entire loss of appetite; 8th, cutting on the right side below the stomach and near the hip bone, with tearing in the bowels; 9th, sensitiveness in the region of the stomach to the touch; 10th, stitches in the left breast; 11th, ulceration of the bowels; 12th, dry parched lips; 13th, dryness of the mouth, with increased secretion of mucous; 14th, heavy, hollow, and somewhat hoarse speech; 15th, distracted expression of countenance, with glaring, glistening of the eyes; 16th, the gums bleed readily; 17th, stupefying pressure on or under the frontal bone, most violent below the eyebrows, with heaviness in the eyelids or in the orbits, causing a warm sweat to appear on the forehead; 18th, tensive pain in the sinciput, with pressure and stinging; 19th, tearing pain towards the vertex; 20th, excited state of the head; 21st, (cases of poisoning from Hempel's Mat. Med.,) giddy and fell down insensible; 22d, general feeling of malaise; 23d, taken from the Russian Medical Gazette, vol. 3,—a case of constipation which was treated with croton oil without much success,—the patient took, in all, three drops; the constipation was not relieved,

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instead of which the following symptoms developed themselves: profuse spitting, nausea, feeling of weakness, violent headache, followed in a few hours by severe pains in the back, in the lumbar region and in the abdomen; the pain was likewise felt in the shoulders, in the small of the back, legs and feet; afterwards pain in the chest, oppressed and painful breathing and febrile symptoms made their appearance; the strength vanished and he became suddenly emaciated, and the skin slightly jaundiced. This seems to be a pretty good resumé of the whole ground gone over. I should like to hear from others on this subject, as it is a trouble of frequent occurrence.

Translated Articles.

CALCAREA CARBONICA IN GOITRE, TUMORS, &c.

BY DR. BOURGEOISE.*

GOITRE.—Case I.

A girl 10 years of age, of florid complexion, delicate muscular development, troubled with rheumatism and diarrhœa, and has aversion to meat. In her seventh year a goitre manifested itself, for which various preparations of iodine and also spongia were used without any effect; on the contrary, the goitre gradually increased. For the past six months she was not subjected to any medical treatment. The swelling is located to the left in front, and is of the size of a pigeon-egg; it is soft, dough-like, painless, moveable, and is traversed by blue veins.

May 16th. Calc. carb., 3 trit. daily one dose for ten days was given.

After one month the appetite had improved, but the swelling shared no material change.

Cal. carb., 6 potency, 6 drops, 200 grains water—a tablespoonfull morning and evening—was now prescribed.

*L'Art Medical, Oct. and Dec., '66. Allgem. Hom. Ztg., vol. 74, Jan. and Feb., '67.

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On the third visit, the 10th of July, there was marked improvement; the size of swelling was somewhat diminished, and an otorrhoea of one year's standing has also disappeared.

Cal. carb, 3 trit.

By September the goitre was rapidly diminishing, and towards the close of the year was entirely cured.

Case II.—Lucia J., 17 years old, of delicate, scrofulous constitution, formerly affected with swelling of the maxillary gland, which suppurated three times, has, since her fifteenth year, the menses every 6 to 8 weeks; at that period a goitre made its appearance. The swelling is soft and painless; increases in size at every menstrual flow; especially if it (menstruation) is too scanty; and then there is also laborious respiration, which is aggravated at nights. Goitre as large as a hen's egg.

Calc. carb., 3 trit; a dose every morning for 12 days was given on 28th of October, 1857.

Three months after.—The menses have appeared more copious; the swelling did not increase during menstruation, and no difficulty in respiration. Cal. carb. 30.

By the latter part of March there was only a dough-like spot left, which was hardly to be noticed. Cal. carb. 200.

Nothing more was heard of the girl.

TUMORS.—Tumor of the Knee.

A nun, forty-one years of age, has frequent attacks of neuralgia and oppression; menses irregular but sufficient; has *lucorhea*. For about six months she observes on the anterior portion of the right knee a gradually increasing swelling. At present (26th of May) it is the size of a hen's egg, is moveable and circumscribed, tense and slightly fluctuating. The skin appears dark red, traversed by a few blueish veins; little pain on pressure; walking not impeded, but the kneeling down is rather difficult.

Cal. carb., 30 potency, 12 globs in 120 grammes of water; daily two spoonsful.

At the second visit, 14 days after it, the lady mentioned that for the first few days of taking the medicine there had been quite sharp stitches in the knee, and the swelling had grown more tense and warmer; but now it was less in size, less

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tense, fluctuation more perceptible, and the skin showed wrinkles. Cal. carb., 200, 12 globs, as before.

Three weeks after, the swelling entirely disappeared. Tne skin over the knee is soft, and not the least sign of effusion. The cure is complete, and at the same time the menses also are regular.

Case II.—Julia P., aged 36 years, in excellent health, received a blow on the right knee in 1859; the contusion was soon healed, yet a slight swelling remained, which gradually culminated into a *tumor*. On the 10th of September, 1860, the size of the tumor was about as large as one-third of a hen's egg; it is circumscribed, painless and fluctuating; skin is not discolored; walking impeded, and easily fatigued. Cal. carb. 30, 4 drops in 120 gramme of water; daily two table-spoonsful.

September 29th, the swelling was less in size, softer, and evidently receding. Sacch. Lacch.

Two weeks after. The tumor is almost disappeared, the skin relaxed, no fluctuation; and by November the tumor is entirely disappeared.

Case III.—A youth, 16 years old, fell on his knee in December, 1862. The contusion was treated with leeches, &c., and for a long time it remained swollen. On the 16th of August, 1863, there was upon the right patella a distinctly developed tumor; the swelling was soft, fluctuating, tense, painless, circumscribed; the skin normal, and walking not impeded. Cal. carb. 30, followed by cal. carb. 200, with no change.

September 22d. Cal. carb., 3 trit. daily, one dose for 6 days. After two weeks marked improvement in every respect, and by the end of October the tumor was entirely removed.

In the year of 1866, there is no difference to be noticed between the left and right knee.

TUMOR ON THE FINGERS.

Pastor C., aged 58 years, good constitution, is troubled for some time with gastralgia, and has, for two years past, a small tumor on the phalanx and joint of the middle finger of the right hand. The tumor is soft, moveable, fluctuating, and of the size of a hazel-nut. It is not painful, but hinders the movement of the finger; for the past few months it increased in size. A physician advised the removal of it by surgical operation.

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On the 18th of January, 1864, cal. carb. 30, 3 globs, morning and evening, in a little water, for six days, was prescribed.

Two months after the patient reported that the tumor was receding during the first ten days of treatment, and disappeared entirely after a few days.

WARTS—OF THE FACE.

CASE I.—A child, aged three years, lymyhatic, pale, muscles soft, has no appetite, bronchial catarrh with mucous, rather incessant cough, a little fever. A Acon. and ipec. were given on the 4th of October, 1864.

The child being better, after three weeks, sulph. 30 and 200 were ordered.

Some little cough, especially towards evening, still prevailed for some little time. Now the treatment was directed for the removal of warts on the forehead and face—14 in number. Thuja 20 was given, and after a month thuja 200, and thuja tincture was applied externally; a few warts disappeared, but new ones would appear.

January 11, 1865. Cal carb. 200 for one week was now given, every morning 6 globs. Cough less, appetite good, stools regular every day, which was formerly never the case.

January 28th. Cal. carb. 30. Six warts disappeared without new ones following.

In February cal. carb. 6. During the following month all warts had disappeared.

CASE II.—Miss B., 24 years of age, too early and too profuse menstruation, has a large number of warts in the face. On the left eye-lid she has seven, on the right eleven and on the forehead six warts. During four months she took cal. carb. in various potencies. The menses became regular and in the third month of the treatment eight warts disappeared, and the others, after drying up, dropped off one after another, so that in five months the patient was entirely free of them.

WARTS ON THE HAND.

A girl, six years old, has on the right hand four warts, not painful. Thuja 30 and 18 was taken for two months, and thuja tincture locally applied, with no perceptible result. But three weeks after the first dose of cal. carb., the largest wart could readily be removed; and during the two or three months' treatment the other three dropped off.

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ARTIFICIAL PRODUCTION OF THE MILK SECRETION —KALI JOD.

Dr. Bartschen, jr., coincides with Rausset (in Monatsschrift f. Geluertskunde, vol. 27,) in the administration of kali jod. He has made use of it with the best success in six cases. In all of these cases it was necessary to begin with the treatment on the first day of confinement. His formula is, 1 scruple kali jod. to 6 ounces of water, and a table-spoonful every two hours. In every case the patient took 1 scruple kali jod. during 40 hours, for from seven to ten days. The milk fever was in all cases very mild, and the tumefaction moderate. Nothing but cotton wadding or tow was applied to the breast. The general health of the patients remained good, digestion was most favorable, no inflammation of the breast, and not the least sign of iodine cachexia was manifested. (Allgom. Hom. Zt'g. vol. 74, Morits' tilt, p. 32.

Foreign Correspondence.

PARIS LETTER FROM DR. JNO. T. TEMPLE.

THE HOSPITAL OF LARIBOISIERE.

DEAR DOCTOR:

To-day I made my initiatory visit to the hospitals of Paris, and as a description of what I saw may interest some of your readers, I give it, premising that if the description affords a tithe of the interest to your readers which the inspection gave me, I shall be fully compensated for the time devoted to it. *En passant*, let me assure you, that every hour in Paris may be pleasantly employed in seeing something grand and beautiful.

This hospital was founded in 1794, by the Countess Lariboisiere, whose name it bears. In the Chapel, which constitutes a part of the hospital, is a splendid group of statuary, all of full life size, some of which is said to be a fine likeness of the Countess.

The institution occupies a space of 3,000 feet square, and is laid out as shown by the diagram which I send. The characteristic feature of France, and especially of Paris, is here beautifully illustrated by walks and flowers. Not only are all the vacant grounds between the great wings which extend on either

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side, and the great centre itself, but the walls on the inner side, (extending around the oblong square,) two stories high, are adorned by large urns, six feet apart, filled with flowers, blooming and fragrant. Nor does this feature stop here. In every ward which I visited, at one end of the capacious room was a large table or platform, with a statue of the Virgin standing in the midst of flowers of every color, which are spread out before her in all the freshness and beauty of life. On one side of the building a large space is appropriated for the men who are able to walk out and enjoy the air. Long avenues of the horse-chestnut trees, of the same *size* and *height*, form a delightful shade for the poor invalid. On the other side are grounds, laid out in walks bordered with flowers, for the benefit of the women. On the inside of the building, and entirely around the great oblong square, are corridors, paved with marble, stone and tile—the roof varnished, giving a life-like appearance to the ceiling and wall which is very fine, producing the feeling that you are treading the floors of some grand hotel. The view from the corridors on to the square is through glass, transparent as air. In the wards the floors are, as everywhere in France, bare, but polished, waxed, and shining as a newly varnished piece of furniture. The beds are all curtained with white muslin, and covered by white quilts, and perfectly adapted to the comfort of the sick and suffering poor.

In the basement I examined the steam engines for supplying hot water, by which the rooms are warmed when necessary, and for all other purposes in this immense establishment; also for supplying the various wards with cold, pure fresh air, brought from a great height, through immense cylinders, and distributed by machinery to every part of the building, as required, giving to each patient one cubic yard of air per hour, which is accurately measured by an instrument having dials and hands like a clock. The design of this aparatus is most perfectly accomplished. A contemplation of the magnitude of the machinery must be guided by the size of the hospital. There are now in the wards 650 patients.

The kitchen is a perfect model of all that can be desired in the cuisine. The floors, the marble dressers, the cooking utensils, ranges, indeed everything, were polished and so clean as to exclude the idea of there ever having been dirt in the room.

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The wards which most attracted my interest were those of the diseases of the womb. In the two wards appropriated to this kind of disease, there was not one vacant bed. The number of beds in a room was thirty-five. Here are all the varied forms of disease of the womb which afflict poor woman—several cases of fibrous tumours which are to be removed by operation, which I shall carefully observe and report. But I am, I fear, tresspassing upon your pages, and must say adieu for the present. In my next I will give you an account of my visit to Mrs. Hahnemann, the venerable Tahr, Bœnninghausen, Teste, and others of the Homœopathic celebrities of Paris.

My direction is 56 Rue de LaFayette. Write me.

Yours truly,

JOHN T. TEMPLE.

Correspondence.

LETTER FROM JOHN FEE, M.D.

MACON, Mo., July 31, 1867.

Ed. of Observer:—You will do a duty to the profession by inserting the enclosed article. I have penned it after mature reflection, as being imperatively necessary and consistent with my professional self-respect.

Yours truly, JOHN FEE.

MACON, Mo, July 31, 1867.

Ed. of Observer:—Some two months since, my attention was called to an article, in the January number of the *Observer*, on the "Excision of the Head of the Humerus, by W. D. Foster, M. D. of Hannibal, Mo.," which, by its concealment of facts, does me injustice. I will not detail a history of the case, but simply state that I overruled the intention of Dr. Foster, to amputate at the shoulder joint, and substituted the "Excision." I then endeavored to show Dr. Foster how to perform the operation; but after he had haggled a little hole into the Deltoid, I took the knife from his hands and performed the operation myself. In the report of the case, I am not alluded to at all, even as an assistant, though other medical gentlemen are mentioned who were mere spectators. *At that time*, Dr. Foster did not know enough of

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surgical anatomy to perform the operation of "Excision," and his proficiency (?) as a surgeon may be inferred from a request he made me, when he was contemplating amputation of the shoulder joint, "*to get ready a two-tailed retractor.*" A month since I wrote Dr. Foster, asking corrections, but have received no response. I therefore point him out to the execrations of all medical gentlemen who claim an exclusive property in the products of their own skill and professional learning.

JOHN FEE, M.D.

FRANKLIN'S SCIENCE AND ART OF SURGERY

Part No. 2, of the "Science and Art of Surgery," is now ready for delivery to the holders of the first part. Parts No. 1 and 2 complete volume 1 being a treatise on the "Science or Principles of Surgery;" while parts Nos. 3 and 4, (vol. 2) will be devoted to the consideration of the "Art of Surgery," or as it is more familiarly termed, Operative Surgery.

The author has been compelled, by reasons best known to himself, to change somewhat the original design of this treatise, which is to embrace the subject matter in *two separate and indexed* vols. In conforming to this plan, it is not intended to curtail, but rather enlarge its sphere of usefulness, thus giving to the profession the "Science of Surgery" in one vol., and the "Art" of Operative Surgery in a distinct vol. of itself. Each volume therefore will be perfect in itself and provided with a separate and complete index and table of contents peculiar to the subjects treated therein. In carrying out this plan it has been found necessary to *increase* the number of pages promised in the prospectus, and also its price as a whole.

It is proper that the profession should be apprised of the fact, that every cut in the present volume is *entirely new and engraved especially for this work* which has largely increased the expense of its publication and considering the *limited* number of the edition, the author has been compelled to advance its price to conform to these demands; therefore, the price of Part 2 will be increased to *four* dollars, and the work bound and complete for the Library to *eight* dollars, which it is believed will prove acceptable to the profession generally.

In view of these facts it is hoped that the profession will respond liberally and willingly to sustain a work so long demanded in our literature; as upon its prompt sale, and required pecuniary returns, will necessarily depend the prompt or tardy appearance of the promised "Art" or "Operative Surgery," or second volume.

The material for the second volume is already prepared and ready for the printer, and it is hoped that the profession will respond promptly and cheerfully, that the author may be enabled to publish it without any further delay. The price of the subsequent Parts will be $3 50 each, or $8 00 for the work bound and ready for delivery.

E. C. FRANKLIN, M.D.,
709 *Pine Street, St. Louis.*

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The Western Homœopathic Observer.

ST. LOUIS, AUGUST 15TH, 1867.

HOMŒOPATHIC SURGERY.

The want of interest manifested in surgical science, by those professing Homœopathy, has been proverbial. We say "*has been*," because we hope and believe that not only Surgery, but all the collateral branches of medical science, are *now* regarded by many of the best physicians of our school as inseparable from the proper qualifications of the physician. In the earlier days of Homœopathy, the minds of all those interested in its propagation were entirely occupied by the endeavor to spread abroad a new law of cure for disease, to properly understand and prove those medicinal agents which were to produce such a result, to ascertain as far as possible the spheres of action of each drug in the materia medica, and after having so done, to witness the wonderful working of such medicines when applied to Therapeutics. Surgery, especially the operative part of it, was left out in the cold; Surgery was old, and could be and had been practiced for ages; limbs had been amputated, tumors removed, lithotomy performed hundreds and hundreds of times, by as many operators; what had these to do with the *cure* of *disease*? They could be readily left to those of the Old School, possessing a *penchant* for the knife, while the steady and proper application of *Bell.* and *Nux.* and *Merc.* and *Bryo.*, in infinitismal doses, was astonishing the learned and the unlearned, the rich and the poor, wherever Homœopathy was introduced. The public began to obtain the idea that a man when he became a Homœopathist, became a *medicine* man—a symptom hunter, a minute inquirer into pains, where, and when, and how they occurred, when and by what they were aggravated or relieved—and so gradually, the pioneers of our school having neither the time nor the inclination to bestow upon Surgery the study and experience which its proper understanding required, excluded it in a great measure from the arena of Homœopathic literature. In speaking of Surgery, let it be distinctly understood, that we mean Surgery in its proper signification, its broad and scientific basis, its mechanical and operative, as well as its medical aspects. We are well aware, that certain diseases, known as belonging to Medical Surgery, received a share of the attention of Homœopathists, and the records of Tumors dissipated, polypi removed, fistulae cured, wounds healed &c., by means of internal medication can be found in the earlier literature of our school. But this very success, only tended to throw farther in the distance, the other component parts of Surgical Science, until the over-zealous actually believed that in a few years, the knife, the bandages, pulleys, and other mechanical contrivances, would be done away, and Surgery be placed within the category of Medical Therapeutics. These ideas, for aught we know are still held by some of our school; but there are others who do not view the matter in the same light; who are aware that, unfortunately, medicine will never be

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able to occupy the same position, or to embrace within its limits, Operative Surgery; and who are of opinion that while Homœopathy has shed its beneficent light upon very many surgical diseases, and by the proper application of its means, has rendered the hazards of surgical performance far less imminent; yet it can never do away with the mechanical and operative portions of the Chirurgeons art.

In the older periodicals it was a rare circumstance to find the record of a surgical operation, and it was years before a work upon the specialty was given to the Homœopathic profession.

Times have changed now for the better. There is scarcely a journal published in the land that does not mention the performance of some surgical operation. The cases requiring surgical interference are not now sent over to the old school. New and important and extensive books are being given to the Profession; and the interest manifested by the classes attending upon our various colleges in surgical details, bears witness to the fact that we are fast approaching the proper point in this department of science.

The ground work upon which Operative Surgery is laid, is Practical Anatomy. The former is almost a dead letter without the latter, and it is with feelings of pleasure we note the fact that all our colleges, both East and West, and our National and State Institutes are giving a prominence to these collateral branches equal to Materia Medica and Therapeutics We desire that the old opprobium in regard to surgery shall be removed from Homœopathy, and that not only among ourselves, but among the people of the United States that the Surgeon professing Homœopathy shall stand on an equal footing with his Allopathic brother. So sure as this is accomplished, our position in the army and navy of the country are secure; and we predict that this day is not far distant.

AN ALLOPATHIC HOSPITAL PLACED IN HOMŒOPATHIC HANDS

We feel assured that all interested in the welfare of Homœopathy, will read with great pleasure the resolutions printed below They are but indications of other changes in high places, which will take place not only in the metropolis, but elsewhere throughout the country. Besides this new field now open for Homœopathic practitioners, there will be an additional inducement to those beginning their professional career to make Homœopathic ophthalmology an especial study; and as there is no organ in the body whose delicate structure and excessive sensibility will so readily respond to the properly chosen Homœopathic medicines, we predict an extended sphere of use fulness to the New York Ophthalmic Hospital.

These resolutions were passed by the Board of Directors of the NEW YORK OPHTHALMIC HOSPITAL, at their regular monthly meeting, held at the Hospital Rooms, on the evening of the 10th June, 1867, as follows:

WHEREAS, We, the Board of Directors of the NEW YORK OPHTHALMIC HOSPITAL. are fully convinced that the Homœopathic system of treating dis-

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eases of the eye is more effective in restoring sight, and less painful to patients than the one now in use in this hospital:

Resolved, That there should be in New York City at least one Eye Infirmary in which the principles of Homœopathy may be applied free of charge.

Resolved, That the official duties of the Consulting and Attending Surgeons and Physicians and Apothecary, now practising the Allopathic system in this Hospital, be, and are hereby, discontinued from this date.

Resolved, That the retiring Consulting Surgeons and Physicians of this Hospital are held by this Board in the highest esteem for their personal worth and professional eminence, and that the thanks of this Board are hereby tendered to them for the promptness with which they have ever stood ready to give their advice and aid; and that the thanks of this Board are also tendered to the retiring Attending Surgeons and Physicians for all the useful labors they have performed in connection with the offices they have held as Physicians and Surgeons in this Hospital.

Resolved, That the retiring Consulting and Attending Physicians, Surgeons and Apothecary who are acting in their professional capacity in behalf of this Hospital, be immediately informed, individually, of the discontinuance of their services, and that this information be accompanied to each of the Surgeons and Physicians with a certified copy of the above resolutions.

CLASSIFICATION OF A FEW OF THE 'NEW REMEDIES,'

According to the Parts of the Body Acted Upon.

(After the Plan of Bonninghausen.)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from page 164.)

Diarrhœa—Æes.-hip., aloes, apoc.-andr., asc.-sy., asc.-tub., bapt.-tinct., caul., cimicif., cist.-can., collin.-can., corn.-cir., dios.-vil., eup.-perf., euphorb., gelsm., hyd., iris, nupr., phytol., pod.-pel., rumex, sang.-can., tell., verat.-vir.

Alternating constipation and diarrhœa — Apoc.-andr., cimicif.. pod.-pel.

Bilious diarrhœa—Aloes, apoc.-andr., apoc.-can., cact.-grand., collin.-can., corn.-cir., dios.-vil., gelsm., phytol., pod.-pel.

Stool, copious—Æs.-hip., aloes, apoc.-andr., asc.-sy., asc.-tub., cact.-grand., caul., cimicif., collin.-can., corn.-cir., euphorb., gelsm., iris, lept., lith.-carb., phytol., pod.-pel.

Stool, scanty—Æs.-hip., aloes, cimicif., corn.-cir., rumex.

Stool, large—Dios.-vil., gelsm.

Stool, small—Aloes, asc.-tub., corn.-cir., hyd., pod.-pel., sang.-can.

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Stool, black—Asc.-tub., cact.-grand., dios.-vil., lept., rumex, tell.

Stool, of blood—Aloes, collin.-can., ham., hel., hyd., iris.

Stool, blood-streaked—Aloes, bapt.-tinct., collin.-can.,

Stool, dark—Asc.-sy., bapt.-tinct., caul., corn.-cir., iris, phytol., pod.-pel., rumex, xan.

Stool, dry—Æs.-hip., cact.-grand., caul., cimicif., corn.-cir., dios.-vil., pod.-pel., trill.-pen.

Stool, difficult—Æes.-hip., aloes, lith.-carb., murex.

Stool, first part black, last part white—Æes.-hip., dios.-vil.

Stool, of flotus—Aloes, gelsm., lith.-carb., nupr., phytol, pod.-pel, rumex, sang.-can.

Stool, frequent—Aloes, asc.-sy., corn.-cir., pod.-pel., sang.-can.

Stool, green—Aloes, asc.-tub., corn.-cir., hyd., iris, pod.-pel.

Stool, greyish-yellow—Aloes, cist.-can.

Stool, hard—Æs.-hip., aloes, cact.-grand.,caul., cimicif., corn.-cir., dios.-vil., lept., lith.-carb., phytol., pod.-pel., sang.-can.,trill.-pen.

Stool, inability to retain the—Lept.

Stool, knotty—Æes.-hip., tell.

Stool, lumps—Aloes, corn.-cir., iris., lept.-phytol.

Stool, light colored—Collin.-can., dios.-vil., gelsm., hyd.

Stool, loose and soft—Æs.-hip., aloes, asc.-sy., asc.-tub., bapt.-tinct., cact.-grand., caul., cimicif., cist.-can collin.-can., dios.-vil., erig.-can., eup.-perf., gelsm., hyd., iris.,lept., lith.-carb., nupr., phytol., pod.-pel., sang.-can., tell., verat.-vir.

Stool, offensive—Asc.-tub., corn.-cir., iris., lith.-carb., lept., pod.-pel.

Stool, mucous—Aloes, asc.-tub., bapt.-tinct., cact.-grand., collin.-can., iris., lept., phytol., pod.-pel., xan.

Stool, painful—Æs.-hip., aloes, asc.-tub., cact.-grand., pod.-pel.

Stool, painless—Aloes, asc.-sy., caul., gelsm., iris., nupr.

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Stool, rice-water—Euphorb.

Stool, slow, leaving a sensation of more to be passed—Aloes, collin.-can., gelsm.

Stool, smelling like rotten eggs—Asc.-tub.

Stool, slimy—Aloes, asc.-tub., corn.-cir., collin.-can., pod.-pel., tell.

Stool, tea-color—Gelsm.

Stool, white—Aloes, asc.-tub., caul., dios.-vil pod.-pel.

Stool, undigested—Aloes, erig.-can., iris., lept., phytol. pod.-pel., sang.-can.

Stool, yellow—Aloes, asc.-sy., asc.-tub., collin.-can., dios.-vil., gelsm., iris., lept., lith.-carb., nupr., pod.-pel.

Stool, watery—Æs.-hip., aloes, apoc.-can., asc.-tub., cact.-grand., [caul., collin.-can., corn.-cir., dios.-vil., eup.-perf., euphorb., iris., lept., pod.-pel., rumex., sang.-can.

Constant desire for stool—Aes.-hip., aloes, asc.-tub., dios.-vil., lept., phytol., sang.-can., verat.-vir.

Desire to remain at stool a long time—Aes.-hip.

Straining at stool—Aes.-hip., aloes, gelsm., phytol.

Tenesmus—Aes.-hip., aloes, asc.-tub., bapt.-tinct., cact.-grand., cimicif., corn.-cir., eup.-perf., hyd., iris., lach.-tincto., pod.-pel., sang.-can., xan.

It is with difficulty he prevents a stool passing with flatus—Aloes.

Expulsion of arcarides—Asc.-sy., asc.-tub.

Fœted flatus—Aes.-hip., aloes, corn.-cir., gelsm., hyd., iris., lach.-tincto., nupr., phytol., rumex., sang.-can., tell.

Dysentery—Aloes, erig.-can., iris.. sang.-can.

Sensation as if the mucous membrane was thickened—Aes.-hip.

Sensation as if the mucous membrane would protrude—Aes.-hip., asc.-tub.

Sensation as if the rectum was filled with small sticks—Aes.-hip.

Sensation as if folds of mucous membrane obstructed the passage—Aes.-hip.

Sensation as if sharp points were sticking in the anus—Aloes, iris., nupr.

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Sensation as if the anus was on fire—Iris.

Sensation as of needles in the rectum—Nupr.

Sensation as of a mass in the lower part of the rèctum—Sang.-can.

Sensation as if diarrahœa would come on—Aloes, apoc.-can., hel., phytol., rumex.

Sensation (in females) during stool, as if the genital organs would fall out—Pod.-pel.

Sensation at stool as if a stream of fire passed through the abdomen—Asc.-tub.

Sensation as if the bowels would come out—Asc.-tub.

URINARY ORGANS.

Remedies acting upon—Aes.-hip., aloes, apoc.-andr., apoc.-can., arum.-trip., asc.-sy., asc.-tub. bapt.-tinct., cact.-grand., caul., chim., cimicif., cist.-can., collin.-can., corn.-cir., erig.-can., eup.-perf., gelsm., ham., hel., hyd., iris., lith.-carb., lept., murex., nupr., phytol., pod.-pel., rumex., sang.-can., senec.-grącil., tell., trill.-pen., verat.-vir., xan.

Region of bladder—Cact.-grand., caul., chim., corn.-cir., lach.-tincto., lith.-carb., phytol.

Region of kidneys—Aloes, apoc.-can., bapt.-tinct., erig.-can., hel., hyd., lept., lith.-carb., phytol., pod.-pel., tell.

Region of left kidney—Bapt.-tinct.

Region of right kindey—Phytol.

Urine, increased—Aloes, apoc.-andr., apoc.-can., arum.-trip., asc.-sy., bapt.-tinct., cact.-grand., chim., cimicif., collin.-can., erig.-can., eup.-perf., gelsm., hyd., hel., iris., lith.-carb., murex., phytol., rumex., sang.-can., senec.-gracil., tell., verat.-vir., xan.

Urine, diminished—Aes.-hip., aloes, apoc.-can., asc.-sy., bapt.-tinct., cact.-grand., collin.-can., corn.-cir., eup.-perf., ham., lept., lith.-carb., phytol. pod.-pel., tell.

Urine, light colored—Aloes, apoc.-can., arum.-trip., asc.-sy., cact.-grand., caul., cimicif., corn.-cir., erig.-can., hel., rumex., verat.-vir., xan.

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MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING JULY 12TH, 1867.

Abscess of liver	1	Imperfect development	1
Apoplexy	10	Kicked by a horse	1
Asphyxia	1	Meningites	14
Consumption	30	Marasmus	10
Convulsions	33	Measles	3
Chronic rheumatism	2	Morbus brighti	1
Cholera, infantum	28	Myelitis	1
Congestive fever	2	Over dose of laudanum	1
Cholera morbus	6	Old age	1
Carcinoma	3	Pneumonia	28
Congestion of the brain	12	Paralysis	4
Cerebritis	16	Pertussis	9
Debility	23	Placenta gravise	1
Drowned	5	Peritonitis	6
Delirium tremens	4	Premature birth	3
Diarrhœa	19	Remittent fever	2
Dentition	2	Scalded	1
Dysentery	7	Shot—wounds	1
Disease of hip joint	1	Sun-stroke	1
Enteritis	10	Suffocation	1
Epilepsy	2	Scarlatina	3
Encephalitus	1	Still-born	29
Fracture	2	Typhoid fever	14
Gastromalacia	1	Teething	1
Hæmorrhage	7	Trismus narentium	2
Hydrocephalus	3	Children under five years	223
Hepatitis	5		
Hypertrophy of heart	1	Grand total	376
Hyper dropsy	1		

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING AUGUST 9TH, 1867.

Ascites	1	Inflammation	12
Atrophia	1	Injury of spine	1
Accident	15	Inanition	1
Apoplexy	2	Lockjaw	11
Bronchitis	6	Marasmus	22
Cholera infantum	96	Meningitis	20
Cholera morbus	42	Measles	6
Consumption	33	Old age	1
Convulsions	60	Over dose laudanum	1
Congestion of brain	10	Over dose strychnine	1
Croup	1	Paralysis	1
Cyanosis	1	Pneumonia	10
Cirrhosis	1	Premature birth	8
Congestion	18	Peritonitis	2
Diphtheria	4	Rheumatism	9
Drowned	2	Summer complaint	24
Debility	35	Scrofula	1
Diarrhœa	32	Scarlatina	7
Dentition	3	Stomatitis	1
Dysentery	24	Sun-stroke	1
Delirium tremens	1	Suffocated	1
Effects of burns	1	Typhoid fever	4
Enteritis	17	Teething	5
Epilepsy	1	Whooping cough	12
Eclampsia	3	Still born	28
Fever	25	Children under five years	423
Heart disease	6		
Hydrocephalus	12	Grand total	644
Hæmorrhage	4		

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THE WESTERN

HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, SEPTEMBER, 1867. No. 9.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.

All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

Original Articles.

NOTES FROM SURGICAL RECORD.

BY W. D. FOSTER, M. D., HANNIBAL, MO.

AUGUST 11th, 1866.—I was called to see Joseph B., æt. 24, an employee in a planing mill, who had been caught in the belting, drawn under the main shaft, and so severly injured as to be carried out for dead. I found the patient lying on a door, nearly pulseless, unconscious, and apparently in the last pangs of death. The face besmeared with blood from some cuts on the head. A careful examination revealed the following condition of things:—Two long, ugly gashes on the front aspect of the head---one about four inches long terminating at the internal angle of the right eye; the other, of about the same extent, over the temple, terminating near the upper part of the right ear, both extending down to the bone. The force producing the first had also fractured the external table of the os-frontis about two inches in extent. Some other gashes on the posterior

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portion of the head, one being very deep, over the occipital protuberance, slightly damaging the cranium. The right humerus shattered for about four inches in the shaft, the limb, by the action of the muscles, being drawn into a very awkward position, reversing the hand and forearm: There was a tumor in the right axillary space as large as a six pound shot; the integuments extensively lacerated over the right side of the chest; the third, fourth and fifth ribs fractured near their middle. Respiration entirely suspended in the right lung. There was also a comminuted fracture of the right femur, a little above its middle, with considerable shortening of the limb; a simple oblique fracture of the left femur in the lower third, with great shortening. Besides these grave injuries, there were several bruises in various other parts of the body. No serious internal injury was discovered except of the right lung, in which respiration, as previously mentioned, was suspended.

Whiskey and water equal parts, in tablespoonful doses, were quickly administered, repeated every fifteen minutes; the limbs temporarily secured in position with pillows, the cuts on the head drawn together and dressed. After six hours, the stimulus produced very feeble reaction, sufficient to justify the removal of the patient to his house, and put him to bed, but not however, to justify any attempt at reduction. I would here observe, that since seeing Dr. Franklin's suggestion in his new work on Surgery, in regard to operating during nature's anæsthesia, the shock, I should be inclined to follow his directions; as I think the suggestion valuable. Although it is opposed to all former teaching on this point, yet it is plausible and worthy of extended trial.

I watched this case carefully to observe signs of returning life, reaction, and not till Monday evening, fifty-six hours after the accident, did I deem it proper to attempt adjusting the fractures. In this operation I was efficiently assisted by Dr. J. W. Nahbersberg, an allopathic physician of this place. The fractured femurs were suspended with the Hodgen Splint. No difficulty was found to exist in keeping

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proper extension, as well as retaining the fractured ends in close apposition. (A description of this splint may be found in the St. Louis Medical and Surgical Journal for January and February, 1864). Although this splint was not designed originally for the treatment of such cases, yet I find it to fill all the indications more perfectly than any other I have used.

After a continuous trial and subsequent abandonment of a variety of appliances for supporting the humerus, and arm, (the high grade of inflammation having converted it into a compound fracture), I at last contrived a splint which answered my purpose nicely, a description of which I will furnish at some future time in the *Observer*. Several days elapsed before reaction fully set in, and any hopes of his life were entertained. The fractures were adjusted, merely as a precaution, in case he *should* rally and survive his injuries. At the end of six weeks the bones united, but no indications of such a result were presented in the humerus. During this time the patient was daily visited, and received every attention that could conduce to his ultimate restoration. Subsequently he was visited twice a week, or oftener if necessary. At about this period the dressings became somewhat deranged, by which the right femur became shortened unnecessarily and considerably curved. By a judicious application of pressure to the curvature it was finally almost entirely overcome; but it thereby became necessary to confine the patient to the recumbent position, some weeks longer than would otherwise have been required. A very firm union had taken place in the femurs at the end of twelve weeks, and the patient was placed in a sitting position. He rapidly gained strength and soon was able to get about. The bones of the arm did not finally unite till after the elapse of eight or nine months. In fact some of the gashes did not heal till about the same time. The ulcer resulting from the sloughing following the disappearance of axillary tumor, still remains open. The bones of the arm have united, as observed, but it has neither sensation nor mobility. He has not experienced any sensation in it from

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the first, and though pinching a finger causes a prickling sensation, it is probable that sensation will never return, and that it will ultimately be necessary to amputate at the shoulder. This cannot be resorted to however until the ulcer heals, and time shall have shown there is no possibility of its restoration.

Without entering into a minute detail of the management, I merely present the case as one of remarkable recovery from severe injury, in a constitution which presents a rare example of endurance. The man now keeps a small store, and uses his legs as well as before the injury. He walks without limp or halt, and his general health is very good.

PSORIASIS—AN INCURABLE CASE—ITS HISTORY.

BY E. POTTER, M.D., OF SPRINGFIELD, ILLS.

W. W. L., æt. about forty-seven years, has suffered with this most miserable disease some sixteen years; and while he has suffered with it, he has also "suffered much at the hands of many physicians." The different physicians who have treated the case, have *named* it differently, and, of course, each had a theory of *his* own, and made *the* practice to accord therewith. "Eczema rubrum," "Lupus," &c., &c., (I need not mention them all,) were some of the names given by these sons of Æsculapius.

The disease commenced in the scalp—then attacked the body, back and front, then the arms; thence it spread to the legs—first the inside of both legs, then the outside. The appearance was similar to raw beef, and the itching most intolerable, day and night. The appetite was generally good. At times, for a number of weeks together, the evacuations from the bowels were clear blood, no fœces discoverable. The first three or four years, the case received Allopathy *secundum artem*. There being no improvement, Homœopathy was resorted to, and pretty well tested for about six months, with the same results, or, I should say, no *perceptible* improvement. Then followed patent medicines, externally applied and internally guzzled, *ad infinitum*. Then Allopathy again for a number of years, varied

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a little, from time to time, as some new hand confidently asserted "I can cure it." And thus, and thus, it went on; the poor *patient man* suffering as no pen can describe.

Two years ago, the case came into my hands. After I had treated it about two months, I visited Chicago, and while conversing with Drs. R. Ludlum and Lord, laid this case before them, and we discussed the low and high attenuations of Arsenicum, which I had already used, first in the higher and then in the lower attenuations. I treated the case four or five months, with about the same experience as my predecessors.

The "medicated vapor bath" was next resorted to, and for the first two or three months seemed to promise a speedy cure, and then the symptoms returned again with all their virulence, and the "medicated baths" were abandoned.

"Donovan's Solution,"* in ten drop doses, three times a day, for three months, has cured the patient, and without the advice of a physician.

Now, who can tell whether the Ars. or Merc. perfected the cure? And if the Ars., then what reason can be assigned for the previous failure of this remedy?

Translated Articles.

KALI CHLORICUM IN DIPHTHERIA.

The *Medic. Neuigkeiten* (1867, 3,) contains a most interesting paper on Epidemic Diphtheria, by Dr. C. E. Kunze. We will merely call attention to the treatment, and that very briefly.

The Doctor has treated a very large number of cases, with the most favorable results. He found *Kali chlor.* as the most effective and beneficial remedy, which he administers as follows: Kali chlor. ʒj. to ʒvj. of water. Of this solution he gives hourly a tablespoonful. Whether the antiseptic action of this remedy causes the cure, or the contact-action upon the diphtheritic local affection, the writer is not able to determine; however, he thinks the former may be the case.

*Liquor Hydriodatis, Arsenici et Hydrargyri.

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Dr. K. is strongly opposed to cauterization. He says:—"It is really inconceivable how cauterization in diphtheria has become so general with physicians, since this treatment in diphtheria of the eyes has given us such demonstrative evidences, that to-day no oculist will apply caustic or cup. sulph. in that disease."

And again:—"Look upon the effects of the caustic. Examine the throat a few hours after its application; you will find that the inflammation and the swelling of the mucous membrane is not only increased, but the diphtheritic deposit is again formed on the cauterized places, and even to a greater extent. And when we consider the final results of cauterization, it is evident that by it a much larger percentage of cases results in death than without cauterization."

As an external application, he makes use of hot poultices, changing them every twenty minutes. He allows no cold drink, not even water, and the medicine must be warm.

As a diet, he orders milk, beef tea and sugar-water; by no means, he says, must any solid food be allowed, as the act of masticating, and the contact of anything solid with the diseased tissues, would irritate the mucous membrane, and consequently the local symptoms would be intensified.

[Allgem. Hom. Ztg., Vol. 74, Montsblt, p. 15.

MAGNESIA SULPH. IN CHOLERA.

Dr. Behr (*Deutsche Klinik*, '66,) treated 52 cases of cholera with Mag. sulph., of which 27 cases died. He says the RESULT WAS FAVORABLE. [What percentage would be called unfavorable?—TRANSLATOR.] He administers to an adult 10 grs. in powder, four every hour—to children proportionably less. In most of the cases, he continues, the vomiting ceased immediately after the first dose. The diarrhœa, however, was not so readily arrested; but by adding a little Opium to the Magnesia, the effects were also most gratifying.

The action of this remedy, according to Dr. B., is based upon the theory, that as the Magnesia sulph. is taken up by the stomach, oxydation continues, decomposition is checked, the cause of the vomiting removed, and so the anti-diarrhœic action of the Opium is manifested.

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It was also observed by Dr. Behr. that Opi. pur., which had been used in many cases in very large doses, effected no such results upon the diarrhœic stools, as the small quantity of Opium, combined with Mag. sulph. He recommends that further experiments with this remedy should be made.

[Allgem. Hom. Ztg., Vol. 74, Montsblt, p. 12.

Foreign Correspondence.

PARIS LETTER FROM DR. JNO. T. TEMPLE.

PARIS, JULY 11, 1867

MESSRS. EDITORS :—Being the day for Surgical Operations, I attended the Hospital Lariboisere—by invitation, and witnessed the performance of twenty operations on the eye, of various importance, from simple cauterization, to extraction of the lens.

The patients were arranged as we have seen persons at the Postoffice, in a long row, and came in succession. Dr. Cusco, was the operator, and the rapidity of his performance reminded me of my old preceptor, Dr. George McLellan. The entire number of operations occupied only one hour.

After the operations were completed, the Dr. was very kind in showing me the improved Ophthalmoscope, and submitting to my inspection a number of eyes in various stages of disease, which were perfectly exhibited and exceedingly interesting.

Then the Laryngoscope by which I had a perfect view of the diseased condition of the larynx—and then an examination of the ear, by the Ophthalmoscope. These instruments are more perfect in this Hospital, as the doctor informed me, than in any other Hospital of Paris. He also extracted from the fingers of a woman, several small tumors, situated at the joints of the ring and little finger. The operation was performed by making a straight incision, dissecting the skin from the excrescences, and then by a curved scissors removing them—they were of a consistence between bone and cartilage.

In my description of the Hospital, I omitted to mention the bath-room and the arrangement of it, which so admirably cor-

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respond with every other department of the institution. Also the Pharmacy, which is very large and very complete—here, they have large vessels filled with the particular kind of vegetable roots, leaves and flowers, from which they wish to extract the active principle by maceration. At the bottom of each vessel, is a faucet from which they draw at pleasure.

I was also shown a small but simple instrument, by which any impurity in the milk, furnished for the Hospital, was instantly detected. In this instrument we have a fine illustration of the progress of chemistry in Paris, and its practical application by means of mechanism to the daily use and benefit of mankind.

Local anæsthesia is used in this Hospital in the same manner as in our own, in all cases where it can be applied. The apparatus used for the purpose, does not differ from that commonly adopted in our country.

A few days ago I received a ticket to visit the Catacombs of Paris, and as there are some facts connected with this great charnel house, which were both interesting and instructive to me, I have thought that they might interest your readers, This immense subterranean cavern of the dead, is said to contain the remains of over 3,000,000 of human beings. There are three points of interest which I will mention, which even in this dark abode of death, emit rays of light to the student of science.

1st, A large platform or table, on which are placed all the sculls which are remarkable for their formation, and also those which bear the marks of disease.

2nd, A very large collection of diseased bones, a patholigical congregation, arranged in strict accordance with all the scientific knowledge which is now possessed.

3rd, Is a mineralogical collection and arrangement of all the strata, of the different quarries in this great abode of bones. How dark and terrible the history of this place. As you go along with your feeble candle-light, by walls of bones carefully piled from floor to ceiling in great layers of long bones three feet high, then sculls two feet, and then long bones again, and sculls is succession, you are led irresistably to a train of thought, sad and gloomy, and you mentally exclaim, alas, poor humanity !

The descent to the catacombs is by a flight of steps consisting

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of *ninety*. There are many other things of interest in the catacombs which I cannot mention now, as I may trespass too much on your columns.

I shall go next week to London to attend the Hospitals there, whence I may be able to send you something of interest.

JOHN T. TEMPLE.

The Western Homœopathic Observer.

ST. LOUIS, SEPTEMBER, 1867.

THE BOARD OF HEALTH AND THE CHOLERA.

The important and excellent sanitary regulation adopted by the Board of Health of this city, on the 22d of July, appears to have excited not only very general comment, but in some instances dissatisfaction. In many cases, no doubt, the latter feeling is owing to misapprehension, or from a careless reading of the resolution, which in substance is as follows:

"*Resolved*, That the sale or presentation of *unripe* corn, cucumbers and squashes; of melons and cabbages of all descriptions, ripe or unripe; of *unripe* apples, peaches, pears, plums, cherries, and all *unripe* fruit of whatever name and description, and also of all vegetables that have been already offered during any part of any day previous at *public* sale, (potatoes and tomatoes excepted,) be and are hereby prohibited within the city limits until the first day of October next."

Could there be a more wise and sensible resolution, even in time when no pestilence was threatened or expected? *Green* corn, *green* cucumbers, *green* squashes, and all unripe fruit, are not necessary to the health of the human family; on the contrary, not only experience, but the great laws of nature teach, that these are not fitted for the use of mankind, were not intended to be eaten, and are necessarily very prejudicial to health. They are not in a fit condition to be digested or assimilated by the stomach and intestines; when taken, they remain unacted upon by the juices, and prove a source of great irritation to the mucous coatings of the intestinal tract, and will necessarily produce disease. We sincerely trust that this portion of the resolution will remain in force, for *other* seasons, as a preservation of the health of the city. The two articles prohibited are melons and cabbages. It is well known that the melons which are exposed for sale, either at the fruit stores or upon the market stalls, are in the majority of instances many hours, not to say days old. That watermelons now offered for sale in the city are brought from a considerable distance, and that even when fresh, at times they are injudiciously eaten, particularly by the poorer classes—that is, they are eaten off close to the rind, which at all seasons is known to be unhealthy. Therefore the order of the Board of Health simply restricts melons and cab-

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bage, *stale* and *unripe* vegetables and fruit. Moreover, the majority of hucksters who traffic in these articles generally purchase them by the quantity, and they are peddled about the streets in wagons, exposed to the sun, bruised and jolted, and are sold at reduced rates to the poorer classes in the less fashionable quarters of the city. Understanding the resolution of our Board of Health in this manner, and knowing how prejudicial to the health of the city will be the sale of all UNRIPE and STALE vegetables and fruit; being fully impressed with the great necessity of preventing the *first* outbreak of the cholera, and of the rapidity with which it is likely to spread throughout the city after the disease becomes established, and bearing in mind the terrible mortality of the visitation of last summer, we would most heartily endorse the resolutions of the Board, considering them to be in the highest degree necessary and an evidence of mature reflection and sound judgment, and believe that the strict enforcement of the resolutions will conduce materially to the health of the city during the fall months, even in the entire absence of cholera, and of *absolute necessity* should the pestilence make its appearance. There can be little doubt that the diminished mortality of this season, *thus far*, is due to the energetic precautionary measures adopted by the Board. We are assured by one of its members, that over 25,000 nuisances have been removed from the city; and when it is remembered that the streets have been and are thoroughly cleansed by the steam engines, that public bath-houses for the poor have been erected, where the luxury of a bath may be obtained gratis, that especial attention has been paid to disinfecting those parts of the suburbs which in all large cities must almost necessarily be in an impure condition; when all these things are borne in mind, too much praise cannot be bestowed upon the efficient manner in which our Board o Health has performed its duty.

For the week ending Aug. 16th, 1867, the total number of deaths were 206. Of these, we find noted 23 of cholera infantum, 45 of cholera morbus 5 of diarrhœa, 13 of dysentery, and 15 of summer complaint—making a tota, mortality from bowel diseases of 101. For the week corresponding during last year, 1866, the number was 916—making, as will be observed, a considerable difference. There is no doubt that among the number of deaths reported as cholera morbus, there were some—perhaps the majority of cases—of true Asiatic cholera. This we state from certain and positive knowledge; and even now, when the death rates are apparently very much decreasing, there exists in the city cholera as *malignant* and *deadly* as that which prevailed during last summer. Therefore it behooves both physicians and those who are aware of these facts, to increase rather than diminish their efforts to procure a continued absence of the scourge. Because the same season in which cholera was most fatal last year has passed over, there is no reason that in the coming month it may not assume the epidemic form; because the heated term has also departed, there is no reason why the pestilence may not rage during the colder seasons; because the number of deaths during this season has materially decreased, there is no reason why sanitary precautions should be relaxed or forgotten. The previous history of cholera teaches us

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these facts, and therefore it is not well to rest securely, supposing that the danger has passed over. It may have done so, but as yet there is no positive or continued proof of it, and until certain immunity can be positively asserted, we trust both the Board of Health and physicians in general will continue the praiseworthy undertaking of *prevention*—which is certainly better than cure.

PRIZES OF THE WESTERN INSTITUTE OF HOMŒOPATHY

The following prizes are offered to all Homœopathic physicians:

Dr. Franklin, $100 for the best essay on the diseases of the bones, and their Homœopathic treatment.

Dr. Ludlam, $100 for the best treatise upon the pathology and treatment of dysmenorrhœa.

Dr. Eggert, of Indianapolis, (who was the first to offer such inducements for well written, carefully digested, and thoroughly practical papers), offers $100 for the best monograph on nasal catarrh and its Homœopathic treatment.

Dr. Helmuth, $100 for the best paper on Syphilis and its Homœopathic treatment.

Each of the gentlemen who have thus seen fit to stimulate the exertions of the profession—not so much by the actual pecuniary reward, as by the honor which may accrue to the successful essayist—has the privilege of appointing his own committee of examination. This committee will carefully and conscientiously peruse the documents that may be entrusted to them, and will report in accordance with the statements of each. In order to secure strict impartiality, the name of the writer *must not appear in any portion of the essay*, but must be written upon a slip of paper enclosed in a sealed envelope, upon which envelope must be endorsed the title of the paper. After the decision of the committee, the envelope bearing the title of the essay which is found to be worthy of the prize, is opened, and then and not until then will the committee on any article be aware of the name of the physician who is the successful candidate.

It is very necessary that these papers should be produced at as early a day as possible, and they should *all* be handed in to those offering the prizes, before the 1st day of March, that sufficient time may be allowed for careful reading and appropriate decisions.

Dr. Hale's Prizes for the Provings of Ptelea Trifoliata.

1st, Fifty Dollars for the best *pathological proving* on dogs or rabbits; said proving to be continued, in each case, not less than a week; to be made with massive doses of the tincture, or Ptelein; and to consist of all the symptons observed during the life of the animal; a record of the pathological or normal examination of the diseased organ or tissue, and any abnormal secretion or pruodct.

2nd, Ten Dollars, or a copy of *New Remedies* (2d edition), for the best

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physiological proving; made with the mother tincture and the 6th dilution; each experiment to extend through the period of one week or more; with record of all the symptoms, and, if possible, the microscopical and clinical analysis of the urine, fæces, and other discharges.

3rd, Five Dollars, or a copy of *Treatise on Abortion*, and the *Observer* for one year, for the next best proving made above.

Each prover will be presented with a copy of the *Monograph on Ptelea*, when published. *All provings must be sent before January 1st*, 1868.

E. M. HALE.

NOTES.

Death has been busy among the distinguished of the profession. On the 23d of June, Prof. Troussean died of cancer of the stomach. On the 13th of the same month, at the age of 75 years, M. Civiale, the celebrated lithotrist, departed this life.

M. Follin, President of the *Societe de Cheringie*, at Paris, aged 44 years, died on May 21st, from heart disease.

Dr. Jno. Mason Warren, the renowned American Surgeon, died of cancerous disease of the caecum, complicated with intussusception, on Aug. 19th, 1867. His age was 56 years.

Sir William Lawrence expired at his residence in London, on July 5th, aged 33 years; his disease was paralysis.

Prof. Otto Weber, Prosessor of Surgery in the University of Heidleberg, fell a victim to his enthusiastic love of his profession. He was performing tracheotomy upon a diphtheritic person, when the canula becoming obstructed, he attempted to clear it by suction; he failed in this, and two of his assistants attempted it, all of whom died in a short time.

Dr. James Jackson, of Boston, aged 89 years, died on the 27th of August.

M. Pelonz, the French Chemist, is also reported dead; and also, sad to relate, the renowned and venerable *Velpeau*.

LETTER FROM DR. E. M. HALE.

CHICAGO, Aug. 29, 1867.

H. C. G. LUYTIES:

DEAR SIR:—Permit me to commend the appearance and material of the *Western Observer*. The August number, particularly, was filled with much valuable matter. The article on Erigeron is of much clinical value. Dr. Hoyne's "Classification of New Remedies" is also a most valuable contribution to Homœopathic literature. It will, when finished, make a reliable repertory for the new remedies. Dr. Hoyne has rare powers of discrimination, and he ought to prepare *comparisons* of the new remedies, after the manner of Gross, upon whose method he could doubtless improve.

Yours, very sincerely, E. M. HALE.

A REVIEW of Dr. Guernsey's *Obstetrics* may be expected in our next, from the pen of Prof. Walker—than whom no man in the profession is more capable of the task. It will be thoroughly done.

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JOURNALS AND BOOKS RECEIVED.

Monthly Hom. Review, London.
British Journal of Hom.
New England Med. Gazette.
Hahnemannian Monthly.
American Hom. Observer.
Medical News and Library.
North American Journal of Hom.
The Ohio Med. and Surg. Reporter.
American Homœopathist.
United States Med. and Surg. Jour.
Medical Investigater.
University Jour. of Med. and Surg.
Medical Record.

BOOKS.

An Essay on Recent Improvements in the Treatment of Joint and Spinal Disease.

Neidhard on Diphtheria.

Guernsey's Obstetrics.

Announcement of the St. Louis Dental College.

DR. BARLOW calls our attention to an error in a late number of the *Observer*. Dr. Wells was not chairman of the nominating committee of the Am. Institute of Homœopathy. We believe Dr. Barlow was.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING SEPTEMBER 6TH, 1867.

Accident	6	Inflammation	10
Apoplexy	4	Injuries	3
Atrophia	10	Lockjaw	11
Bronchitis	8	Marasmus	21
Cancer	1	Meningites	30
Cholera, infantum	82	Old age	1
Cholera morbus	163	Over dose of morphia	1
Congestion	33	Pneumonia	5
Consumption	30	Premature birth	8
Convulsions	51	Peritonitis	1
Cyanosis	1	Rheumatism	1
Croup	2	Shot—wound	1
Debility	26	Summer complaint	45
Delirium tremens	1	Sun-stroke	3
Diarrhœa	45	Suicide	6
Diphtheria	3	Scorbutes	1
Dropsy	7	Scarlatina	1
Dysentery	35	Scrofula	2
Dentition	2	Still-born	34
Enteritis	8	Tuberculosis	2
Epilepsy	1	Teething	5
Fever	56	Whooping Cough	5
Heart disease	7		
Hepatitis	3	Grand total	805
Hydrocephalus	11	Children under five years	392
Hæmorrhage	2		

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A CLASSIFICATION OF THE MATERIA-MEDICA UPON A PHYSIOLOGICO-PATHOLOGICAL AND PATHOGENETIC BASIS.

BY W. H. BURT, M.D., OF LINCOLN, ILLS.

If we could arrange in groups all the remedies with which we are acquainted, upon a physiologico-pathological basis, we would then have a Materia Medica approaching perfection, but I regret to say, that, in the present state of our knowledge of the effects of remedies upon the human organism, such an arrangement is impossible. Before we can classify our remedies in proper and scientific groups, we must know their joint pathogenetic and physio-pathological effects upon men and animals. The Materia Medica of Dr. Teste is the only work where an attempt has been made to classify our remedies, but he having classified them upon a pathogenetic, instead of a physiologico-pathological and pathogenetic basis, his classification is extremely faulty and unreliable. Shall we, because a perfect classification is impossible, not try to group them in a more perfect form? Let us follow his example, and every attempt to arrange our Materia Medica in analogous groups will bring us one step nearer to a perfect knowlege of our remedies. As an aid to the new beginner in the study of our Materia Medica, I will attempt to classify the remedies in groups, according to the tissues and organs they affect, following the general arrangement of our Materia Medica. In such a classification the same remedy will have to be mentioned a number of times, but the great desideratum is to know what remedies have the greatest therapeutic effect upon the tissue or organ diseased. With these few remarks, I will commence at once with the grouping, knowing that some of the remedies, for want of better provings, will not be placed in their proper group, but time will place them as they should be.

INFLAMMATORY GROUP.

Aconitum napellus, veratrum viride, bryonia, rhus vernix, gelseminum, digitalis, veratrum alb., cimicifuga, castus g., colchicum tartar-emetic, arnica m.

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RHEUMATIC GROUP.

Aconitum napellus, bryonia, rhus rad., rhus tox., rhus vernix, cimicifuga, phytolacca, colchicum, sulphur, hydriodite of potassa, mercury, stillingia, caulophyllum, dioscorea, pulsatilla, nux v., mezereum, chamomilla, cactus, polyporus pinicola t., propylamine.

MALARIAL GROUP.

China and its alcoloid quinine, arsenicum, polypori, ipecac, ostryna, nux v., gelseminum, apis m., eupatorium per., cedron, chanchilagua, sulphur, natrum mur., carbo veg., web of the spider, capsicum, ptelea.

ZYMOTIC GROUP.

Camphor, bromine, chlorine, sulphur, arsenicum, lachesis, crotalus hor., secale cor., cuprum, baptisia, bryonia, rhus tox., rhus rad., rhus vernix, mercury in its various forms, belladonna, hyosciamus, stramonium, opium, zizia aurea, muriatic acid, nitric acid, phosphoric acid, sulphuric acid, phosphorus, carbo veg., veratrum alb., potassa in its various forms, phytolacca, tartar-emetic, cantharis, ammonia carb., gymnocladus, carbolic acid, guaiacum.

PARASITIC GROUP.

Cina and its alcoloid santonine, terebintha, chenopodium, spigelia, aspidium, mercury, sulphur, calcaria, diospyrus, cucurbita-pepo, kousso, felix mass, camphor, dolichos-pruriens, iodine, natrum mur., potassa.

CEREBRAL GROUP.

Belladonna, opium, hyosciamus, stramonium, aethusa, chloroform, glonoine, hydrocyanic acid, agaricus, alcohol, gelsemium, camphora, cannabis ind., zizia aurea, lachnanthes, veratrum viride, aconitum napellus, coffea, cuprum, veratrum alb., gymnocladus can., ether.

GLANDULAR GROUP.

Mercury in its various forms, iodine, sulphur, bromine, phytolacca, ustilago madis, iris v., potassa, arsenicum, podophyllum, ammonia mur., conium, cistus can., stillingia, baryta carbonica, juglans cin., nitric acid, oxalic acid, muriatic acid, sanguinaria, apis m., belladonna, hamamelis, croton tig., leptandria, graphites, hepar sul., aurum, myrica, hydrastia, fucus vesciculosus, polypori.

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ANÆMIC GROUP.

Ferrum, manganese, phosphoric acid, sulphur, china, citrate of iron and strychnine, natrum muriaticum, hydrastia, helonais, nux v., aletris, calcaria, arsenicum, apis m., pulsatilla, zinc.

EMETIC GROUP.

Tartar-emetic, antimonium crud., arsenicum, ipecac, lobelia, veratrum viride, veratrum alb., kali bichromicum, phytolacca, sanguinaria, robinia pseudo-acacia, euphorbia, sulphate of zinc, acetate of copper, scilla, sinapis, yellow sulphate of mercury.

CATHARTIC GROUP.

Mercury, podophyllum, leptandria, iris v., collinsonia, aloes soc., colocynth, elaterium, jalapa, rheum, croton tig., oleum ricini, magnesia sulph., scammonium, potassa bitartras, euphorbia, juglans, cuprum m., veratrum alb., arsenicum.

ASTRINGENT GROUP.

Argentum nit., tanic acid, sulphuric acid, sulphate of copper, ferrum chloride, alumina, plumbum, sulphate of zinc, hamamelis, erechthites, frasera, erigeron, geranium, rhus glab., trillium, cerasus, lycopos, kreosote, lycoperdon.

SEXUAL GROUP OF MAN.

Mercury, iodine, ustilago madis, pulsatilla, hamamelis, nux v., phosphoric acid, bromide of potassa, gelseminum, spongia, conium, belladonna, bromine, iris v., aurum, camphora, china, clematis, capsicum, caladium, cantharis, coffea, agnus castus, nuphar lutea, sulphur, cimice (chinch bug). [The medicinal properties of this bug affect the sexual organs similar to capsicum.]

OVARIAN GROUP.

Ustilago madis, iodine, mercury, belladonna, hamamelis, bromine, bromide of potassa, apis m., ergot, sepia, electricity, zincum val., asafœtida, scutellaria, valerian, cocculus, colocynthis, phytolacca, chimaphila.

UTERINE GROUP.

Secale, electricity, belladonna, pulsatilla, sabina, ustilago-madis, gossipium, cimicifuga, caulophyllum, cinnamon, thalaspi, millefolium, hamamelis, tanacetum, gelseminum, nux v., cocculus,

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ignatia, sulphur, mercury, bromide of potassa, iodine, sepia, cantharis, apis, copaiba, crocus, chimaphila, calcaria, trillium.

HYSTERICAL GROUP.

Asafœtida, scutellaria, valerian, moschus, ambra-grisea, platina, gelseminum, cocculus, nux m., ignatia, nympha-oderata, lactuca virosa, angustura, chamomilla, coffea, secale, cypripedium, hyosciamus, agaricus, cimicifuga, caulophyllum, belladonna, hamamelis, mercury, sulphur, pulsatilla, draconicum.

DERMOID GROUP.

Sulphur, mercury, hepar sul., potassa in its various forms, iodine, iris v., cistus c., phytolacca, rumex crispus, silicea, hydrastia, sanguinaria, aconitum, rhus v., rhus t., rhus r., bryonia, croton t., tartar emetic, stillingia, pulsatilla, juglans, veratrum v., arsenicum, belladonna, apis m., arnica, urtica urens, calcaria, aloes soc., graphites, lycopodium, saracenia, electricity.

ORBITAL GROUP.

Aconite, belladonna, euphrasia, pulsatilla, hydrastia, arnica, cimicifuga, bryonia, phytolacca, mercury, sulphur, hepar sul., rhus v. rhus t., causticum, phosphorus, silicea, colocynthis, arsenicum, calendula, dulcamara, copaiba.

AURAL GROUP.

Aconite, pulsatilla, belladonna, rhus v., rhus t., rhus r., apis m. arnica, lachesis, hydrastia, kali hyd. chlo., quinine sulphus, mercury, sulphur, calcaria, phosphorus, causticum, graphites, bryonia, calendula.

CARDIAC GROUP.

Veratrum viride, aconitum n., cactus g., gelseminum, digitalis, cimicifuga, bryonia, rhus v., rhus t., rhus r., colchicum, arsenicum, laurocerasus, spigelia, belladonna, bromide of potash, hydriodide of potash, mercury, asclepias, ammonia, anacardium, conium, lobelia, tobacco, aurum, calcaria, zincum val., alcohol, stramonium, opium, nux v., collinsonia, antimony, sulphur, coffea, ferrum, china, cantharis, iodine, apis m., hellebor, lachesis, musk, lycopos, asafœtida, pulsatilla, robinia, kalmia-latifolia, arnica, cannabis.

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DISINFECTANT GROUP.

Chlorine, chloride of zinc, chloride of lime, chloride of potassa, chloride of soda, ozone, bromine and its compounds, iodine, sulphur, champhor, coffea, carbolic acid, sulphate of iron, amonia, smoke, tar, volatile oils, vapors of vinegar, chlorohydric acid gas, &c.

The most effective agent known for rapid disinfection and deodorization is chlorine.

The best agent known for steady and continuous disinfection, is ozone.

The solid iodine exposed to the air, is the best in the absence of ozone. To deodorize and disinfect fluid and semi-fluid substances undergoing decomposition, the tincture of iodine is the best known agent.

To disinfect and deodorize solid bodies that can not be destroyed, powdered chloride of zinc or sulphate of zinc, with saw-dust is the best. Carbolic acid and saw-dust ranks next in in order, and next to this is wood ashes.

To deodorize and disinfect clothing, expose the articles to heat at 212° fahr.

To deodorize and disinfect substances that can be destroyed, the true method is heat to destruction.

Free ventilation and an even temperature should always be required for the sick-room.

One of the best ways known to deodorize a sick-room, is by the use of Kraut's improved medical vaporiser.

Any disinfectant that will dissolve in water, can be used in this vaporiser. A room can be filled in a few moments with the vapors of the disinfectant with this instrument.

Disinfection also includes the action of antiseptics, which see.

ANTISEPTIC GROUP.

Arsenicum, chlorine and its compounds, bromine and its compounds, iodine and its compounds, kreosote, corrosive sublimate, muriate of mercury, alcohol, sulphuric acid, nitric acid, oxalic acid, acetic acid, muriatic acid, hydrochloric acid, pyrolig acid, carbolic acid, potassa and its compounds, terebintha, pinus sylvestris, baptisia, carbo veg, capsicum, xanthoxylin, alumina, manganese, zinc, sulphate of quinine, camphor, cedar chips, sulphur, coffea, amonia, volatile oils, tar, rhus t., bryonia, phosphorus, glisorine, molasses, haematoxylon.

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ANAESTHETIC GROUP.

Chloroform liquid C_2, H, $Cl._3$, produces anaesthesia with rapid muscular relaxation and insensibility.

Sulphuric ether, liquid, 2 C_4 H_5 Cl. 5 O, S, 2 O. 6. Excitation long. The insensibility is more lengthy than in case of chloroform. Greater muscular relaxation in the last stage.

Hydrochloric ether, liquid, C_4 H_5 Cl. Very volatile and difficult to manage, some claim this to be a powerful anaesthetic, others do not think so highly of it.

Nitrous Oxide, gas, N O. Produces great exhilaration and excitement, and finally loss of consciousness. The pleasurable delirium produced by the Nitrous Oxide is remarkable.

Rhigolene liquid. Used to produce local anæsthesia by freezing.

Mono-chloraretted Chlorid of Ethyl, liquid, C_4 H_4 Cl_2. In action slower than chloroform, causes great muscular rigidity. Its effects pass off slower then Chloroform and it is less volatile.

Nitrate of Ethyl, liquid, C_4 H_5 O N O_6. Very pleasant and easy of respiration and is a powerful and rapid anaesthetic Causes much headache and giddiness.

Bisulphide of Carbon, liquid, C S_2. This is a powerful anæsthetic, but too repulsive in odor.

Amylene, liquid. C_{10} H_{10}. The stage of excitement is short, which is followed by long and incomplete anaesthesia.—There is a constant tendency to muscular convulsion, without the relaxation. Recovery takes place promptly.

Hydrocyanic Acid, liquid, H C_2 N. This is the most powerful anaesthetic known. Produces tetanus convulsions, muscular rigidity and paralysis of the heart. The effects are to rapid and dangerous to be used.

Kerosolene, liquid. This agent produces perfect anaesthesia with a feeble pulse and a rigid state of the muscles. Its effects pass of rapidly.

Tera-Chloride of Carbon, liquid, C Cl_4. Produces 1st. Muscular movement and excitement of the circulation. 2nd., anaesthesia with arterial contraction. 3rd. Arrest of respiration and circulation, and 4th. tendency to a rigid state of the muscles.

Carbonic Acid, gas, C O_2. When used diluted with air, pro-

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duces perfect anaesthesia. The blood becomes black under its influence; when inhalation is suspended, its effects pass off instantly.

Carbonic Oxide, gas, C O. Reddens the blood, causes excessive action of the muscular system, sometimes produces persistent paralysis of motion. Its effects pass off slowly.

Coal Gas, gas, c. and h. in varying proportion. Nunnely has recomended this as a safe anaesthetic, but it has produced dangerous symptoms in animals.

Olefiant Gas, gas, C_4 H_4. Small doses produce sleep, with slight insensibility; larger doses dangerous symptoms; there being no sufficient line of demarcation between these effects, it becomes a dangerous agent.

Fumes of lycoperdum giganteum, vapor, C H N and O. This produces complete anaesthesia, and is perfectly safe. Effects last a long time, and reddens the blood.

Alcohol, liquid, C_4 H_5 O H O. Inhalation in animals produces all signs of anaesthesia. Deep and prolonged insensibility.

Aldehyde, liquid, C_4 H_4 O_2. Causes dyspnoea resembling severe fits of spasmodic asthma, spasm of the throat with cough, much muscular contraction anaesthesia incomplete, even when respiration is stertorous. Its effects pass off rapidly.

Acetone, liquid, C_6 H_6 O_2. Produces bronchial irritation, with dyspnoea. Slight anaesthesia.

Oil of Turpentine, liquid, C_{10} H_{10}. This agent produces anaesthesia, but is too irritant in action. It has produced symptoms of danger in animals.

Bromide of Potassa, salt. This agent produces complete anaesthesia of the larynx and soft palate.

Mesmerism. This agent has been used to produce anaesthesia but is not practical.

Electricity. This agent has also been used as an anaesthetic agent in extracting teeth, but as yet cannot be controlled so as to give satisfaction.

Lactucarium, gelseminum, conium, zinc. The four last mentioned narcotics, in many respects, resemble the action of Chloroform, but their anaesthetic properties are small.

(To be continued.)

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CLASSIFICATION OF A FEW OF THE 'NEW REMEDIES,'

According to the Parts of the Body Acted Upon.

(After the Plan of Bonninghausen.)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from page 191.)

Urine, high colored—Aes.-hip., aloes, bapt.-tinct., chim., collin.-can., corn.-cir., eup.-perf., ham., iris., lith.-carb., tell.

Urine, clear—Aloes, apoc.-andr., chim., eup.-perf., gelsm., hel., lith.-carb., sang.-can., senec.-gracil., tell.

Urine, offensive—Aloes, hyd., iris., lith.-carb., murex.

Urine, bloody—Aloes, asc.-tub., ham., murex, trill.-pen.

Urine, milky—Drig.-can., gelsm.

Urine, acid—Lept. phytol., tell.

Urine, red—Aloes, asc.-tub., bapt.-tinct., cact.-grand., corn.-cir., ham., iris., lept., lith.-carb., phytol.

Urine, yellow—Aes.-hip., aloes, apoc.-can., lith.-carb.

Urine, passed only once in 24 hours—Eup.-perf.

Urine, passed frequently—Aes.-hip., aloes, apoc.-andr., cact.-grand., cimicif., chim., corn.-cir erig.-can., gelsm., hyd., iris, lith.-carb., murex., phytol., pod.-pel., sang.-can., senec.-gracil., tell.

Urine, passed involuntary—Cact.-grand., pod.-pel.

Urine, passed by drops—Cact.-grand., erig.-can.

Urine, retention of—Cimicif., erig.-can., pod.-pel.

Urination, difficult—Aloes, lith.-carb.

Must run to urinate quickly—Aloes.

Desire to urinate often without result—Cact.-grand.

Constant desire to urinate—Aloes, cact.-grand., chim., rumex.

Frequent nocturnal urination—Aloes, murex, phytol., pod.-pel., sang.-can.

Burning during urination—Aes.-hip., aloes, asc.-sy., bapt.-tinct.,cact.-grand., erig.-can., iris., lith.-carb., tell.

Urging to urinate after voiding—Chim,

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Sediment, dark brown—Aes.-hip., lith.-carb., phytol.

Sediment, copious—Nupr.

Sediment, no—Apoc.-can.,

Sediment, red—Cact.-grand., lith.-carb., nupr.

Sediment, white mucous—Aes.-hip., aloes, asc.-tub., chim., erig.-can., lith-carb., murex.

Sediment, whitish clay—Eup.-perf., phytol., pod.-pel.

Sediment, yellowish red—Aloes.

Bladder, neck of—Aloes, cact.-grand., caul. lith.-carb.

Bladder, fullness of—Chim., corn.-cir.

Bladder, pressive pain—Lach.-tincto., lith.-carb.

Complaints, when beginning to urinate—Iris.

Complaints, before urination—Phytol.

Complaints, after urination—Caul., chim.

Complaints, during urination—Aes.-hip., aloes, asc.-sy., bapt.-tinct., cact.-grand., erig.-can., gelsm., iris., lith.-carb., tell.

Agreeable sensation in urethra during micturition—Gelsm.

Gurgling sensation in prostate gland—Phytol.

MALE ORGANS.

Remedies acting on the urethra—Aes.-hip., aloes, asc.-sy., bapt.-tinct., cact.-grand., caul., chim., cimicif., erig.-can. gelsm., ham., hyd., iris., lith.-carb., sang.-can., senec.-gracil.

Testicles—Aloes, cimicif., gelsm., ham., lach.-tincto., lith.-carb., nupr., phytol., pod.-pel., verat.-vir.

Right testis—Aloes, gelsm., nupr.

Left testis—Lach.-tincto., nupr.

Spermatic cord—Cimicif., lith.-carb., pod.-pel.

Right spermatic cord—Cimicif.

Glans penis—Aes.-hip., asc.-sy., asc.-tub., iris., nupr.

Glans penis, ulcerated—Aloes, asc.-tub.

Burning in urethra—Aes.-hip., aloes, asc.-sy., bapt.-tinct., cact.-grand., lith.-carb.

Stitches in urethra—Asc.-tub., cimicif., iris.

Itching in urethra—Aes.-hip., asc.-sy., lith.-carb.

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Itching of prepuce—Aloes, aes.-hip., asc.-sy.

Gonorrhœa—Asc.-sy., caul., chim., erig.-can., gelsm., ham., hyd., iris., sang.-can., senec.-gracil.

Gleet—Aloes, chim., collin.-can., erig.-can., gelsm., ham., hyd.

Discharge from the urethra, staining the linen red—Lith.-carb.

Cutting pain in testes—Nupr., pod.-pel.

Dragging pain in testes—Gelsm.

Tenderness of testicles—Aloes, cimicif., ham., verat.-vir.

Scrotum relaxed—Aloes, nupr., phytol.

Scrotum burning—Lach.-tincto.

Scrotum drawn up—Aloes.

Sexual desire increased—Aloes, corn.-cir., tell.

Sexual desire diminished—Nupr., rumex.

Sexual desire lost—Nupr., phytol., rumex., tell.

Sexual desire increased, with loss of power—Corn.-cir.

Erections—Aloes, asc.-tub., corn.-cir., lith.-carb., tell.

Nocturnal emissions—Aloes, hyd., iris., sang.-can.

Emissions without erections—Gelsm.

Spermatorrhœa—Collin.-can., gelsm.

Varicocele—Aloes, collin.-can., ham.

Orchitis—Ham., verat.-vir.

Penis contracted—Nupr.

Penis, throbbing in—Lith.-carb.

Genital organs, coldness of—Aloes, gelsm., iris.

Genital organs, itching of—Aloes, cist.-can., iris lach.-tincto., tell.

Genital organs, sweat of—Aloes, asc.-tub., gelsm., lach., tincto.

Genital organs, ulcers of (see skin.)

FEMALE ORGANS.

Remedies acting on—Aes. hip., aloes, alet. far., apoc.-andr., apoc. can., asc. sy., bapt. tinct., cact. grand., caul., cimicif., cist. can., collin. can., corn. cir., erig. can., eup.-perf., gelsm., goss., ham., hel., hyd., lith. carb., murex, phytol., pod. pel., sang. can., senec. gracil., tell., trill.-pen., verat. vir., xan.

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Region of the uterus—Aes. hip., aloes, alet. far., apoc.-andr., apoc. can., asc. sy., bapt. tinct., cact. grand., caul., cimicif., cist. can., collin. can., corn.cir., erig.can., eup.perf., gelsm., goss., ham., hel., hyd., lith. carb., murex, phytol., pod. pel., sang. can., senec. gracil., tell., trill. pen., verat. vir., xan.

Region of ovaries—Cact. grand., pod. pel.

Mammae—Aes. hip., cact. grand., cimicif., cist. can., hel., murex, phytol., tell.

Left breast—Cact. grand., cist. can., murex, tell.

Nipples—Hel., sang. can., tell.

Menorrhagia—Alet. far., aloes, apoc. andr., apoc. can., bapt. tinct., cact. grand., cimicif., erig. can., ham., hel., phytol., tell., sang. can., xan.

Amenorrhœa—Aloes, caul., gelsm., goss., hel., sang.-can., senec. gracil., xan.

Dysmenorrhœa—Cact. grand., caul., collin. can., gelsm., goss., phytol., senec. gracil., verat. vir., xan.

Menstruation, scanty—Cact. grand., erig. can., tell.

Menstruation, suppressed—Cimicif., lith. carb., pod.-pel.

Menstruation, retarded—Lith. carb., murex. pur., pod., pel.

Menstruation, too frequent—Phytol.

Menstruation, premature—Alet. far., aloes, bapt. tinct., cact. grand., caul., cimicif., sang. can., tell., xan.

Menstruation, of black pitchy blood—Cact. grand., sang.-can.

Metrorhagia—Asc. sy., cact. grand., erig. can., ham., hel., phytol., sang. can., trill. pen.

Metrorhagia, bright fresh blood—Ham.

Metrorhagia, pale red blood—Asc. sy.

Metrorhagia, black blood—Cact. grand., sang. can.

Leucorrhœa—Aes. hip., aloes, alet. far., apoc. andr., caul., cimicif., collin. can., gelsm., ham., hel., hyd., phytol., pod. pel., senec. gracil., trill. pen., xan.

Leucorrhœa, white—Gelsm.

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THE WESTERN

HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, OCTOBER, 1867. No. 10.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.

All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

Original Articles.

HELONIN IN DIABETES MELLITUS.

BY E. M. HALE, M. D.

The treatment of saccharine diabetes has been attended with many difficulties in our own, as well as in the opposite, school of medicine.

Those who would like to read a complete and well written essay on this disease, comprising its history, pathology, and treatment, will find such an one in the *British Journal of Homœopathy*, Vol. xxiv, pp 108—253.

In this admirable essay, by Dr. Richard Hughes, the allopathic treatment is given, and its results, which are anything but satisfactory; the hot-air bath, steel, opium, kreosote, and phosphoric acid, being the most useful remedies known to the homœopathic practice. The following medicines have been used and recommended, namely: *Phosphoric Acid, Calcareaphos, Arsenicum, Sodæ Hypophos, Natrum Sulph., Asclepias Vincetoxicum** and Nitrate of Uranium.

British Journal of Homœopathy, vol. xxiv, p. 162.

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Hahnemann recommended *Argentum* and *Scilla*, but as he never analyzed the urine of his person or his patients, he probably did not distinguish between the two kinds of diabetes. Dr. Hughes says he cured a case of diabetes *insipidus* with *Scilla*. Many medicines will cause this disease, while few will cause glycosuria.

It need not be remarked that a remedy to be truly homœopathic to saccharine diabetes must be capable of causing a similar condition.

There are at present known but one remedy that has actually caused glycosuria, this is the *Nitrate* of *Uranium*. This drug has been used by Dr. Hughes, who reports several cases* in which he gave this medicine with excellent results. It has also been used quite extensively by homœopathists in this country. I have found it beneficial in several cases.

There is another remedy lately found curative in glycosuria, namely: *Helonin*, the active principle of the *Helonios Dioica*. This remedy was first brought to the notice of our school, by myself, several years ago.† Dr. Burr mentions it as having caused *"a larger amount than usual of clear, light-colored urine."*

From this single symptom, (together with its known general action,) I gave it in several cases of diabetes *insipidus*, occurring in women suffering from uterine complaints. Its action was very satisfactory. Several other physicians used it with good results.

I then predicted that a thorough purge would develop symptoms that would indicate its use in diabetes, strangury and impotence.

Before the second edition of *New Remedies* went to press, my prediction was verified. Dr. Paine, of Philadelphia, in his experiments, found it to cause *"irritation of the urethra*, pain in the kidneys, *congestion of the kidneys, albumen in the urine, and increased specific gravity."*

Dr. Paine made use of *Helonin* in Bright's Disease, diabetes mellitus, and *Albuminuria*, after *Scaelatena*, and claimed it to be curative in these affections.

These observations and clinical reports were incorporated in the second edition of *New Remedies*. No clinical reports, based

*British Journal. †New Remedies, 1st edition.

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on these latest observations, have yet reached me, but I have had opportunity to test its value in one case of glycosuria, which is worthy of record.

The patient was a man about forty years of age, a strong, robust farmer, until two years ago, when he noticed that his strength declined, his urine increased in quantity, while his appetite became enormous, and thirst excessive. This condition of things steadily increased in intensity, until I saw him in May, 1867. He was then very greatly emaciated, very weak, pulse quick and soft, skin dry and harsh, tongue dry and white, thirst insatiable, appetite voracious, but losing weight and strength every day, urine very saccharine, and about four gallons daily. He had been under the treatment of various physicians, had taken a great amount of medicine, and had conformed to a rigid diet, such as is usually recommended in this disease.

It occurred to me that this was a good case in which to prove the value of the drug. Believing, however, that the functions of the skin should first be restored, I ordered the *vapor* bath every other day—each bath to be continued half an hour.

The *Helonin* was prescribed in the first decimal trituration, one grain in a teaspoonful of brandy, to be taken one hour before meals, and on going to bed at night. Diet, brown bread and meat.

At the end of a week he presented himself, and reported feeling much better. The daily urine had decreased nearly four quarts, thirst less, mouth and skin less dry.

The same prescription continued—baths every third day. At the end of the second week the symptoms were all ameliorated; the urine amounting to only nine quarts daily.

The close of the third week, under the action of the same medicine, brought the urine down to seven quarts. Here the improvement seemed to stop, and for several days the symptoms remained nearly the same. A dose of *Sulphur* 30th was given every morning for three days, and the *Helonin* suspended. This anti-psoric seemed to arouse the dormant power of the organism, and improvement again set in, but slowly. Thinking a higher trituration of *Helonin* would act better, the third trit. was prescribed, but the result was not satisfactory, and the one-tenth was again given, but this time a dose of *five* grains. After a

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few days, rapid improvement set in, and my patient returned to his farm in Minnesota. In about a month he reported by letter that he felt quite well, and was nearly as strong as ever, but the urine was yet too copious, (about four or five quarts in twenty-four hours,) and was slightly saccharine.

It is now nearly two months since I have heard from him. Had he ceased to improve, I think he would have written me.

This case, although not completely satisfactory, because not ending in a *known* cure, is certainly of interest, as showing the power of *Helonin* over the pathological state known as glycosuria. In a more recent case, it might have effected a rapid cure. I hope my colleagues will give the remedy a trial, not only in this malady, but in *albuminuria*.

A CLASSIFICATION OF THE MATERIA-MEDICA UPON A PHYSIOLOGICO-PATHOLOGICAL AND PATHOGENETIC BASIS.

BY W. H. BURT, M. D., OF LINCOLN, ILLS.

(Continued from Page 212.)

MUCOUS GROUP.

Cantharis, cannabis, apis m., terebinth, buchu, senecio aureus, pulsatilla, copaiva, cubebæ, chimaphilla, hydrastis can, chlorate of potassa, nitrate of potassa, borax, sanguinaria, sticta, pareira brava, erecthites, erigeron, eupatorium pur, apocynum, croton t., aconitum.

SKIN.

The diseases the skin is subject to are, according to Wilson and Bateman, arranged into eight classes: 1st, rashes (exanthemata; 2d, pimples; 3d, vesicles (including bullæ;) 4th, pustules; 5th, scales; 6th, tubercules; 7th, discolorations; and 8th, cryptogamous affections.

1st. RASHES, OR EXANTHEMATOUS DISEASES.—To this class belong rubeola, scarlatina, erysipelas, erythema, roseola and urticaria, characterized by superficial red patches on the skin, irregularly diffused, figured variously and of all sizes; the red superficial efflorescence disappears under pressure, and commonly ends in desquamation. In noting the remedies of this class of diseases, I will only mention those that cover this form of erup-

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tion, as the disease and eruption changes, the medicine will have to be changed to meet the case. Aconitum n., rhus tox, rhus v., rhus rad., belladonna, apis m., arnica, veratrum v., urtica urens, cactus g., cimicifuga, gelseminum, pulsatilla and cantharis.

Class 2. PIMPLES, (PAPULÆ.)—This class includes strophulus, lichen and prurigo; they are characterized by small conical elevations of the cuticle, pointed at the top, containing neither lymph or pus, and usually ending in a scurf. Remedies—Sulphur, mercury, calcarea carb., antimonium tart., copaiba, iris v., juglans and hydrastis.

Class 3. VESICULAR DISEASES.—Vesicles (vesiculæ) consist in circumscribed elevations of the cuticle, containing lymph, which generally is colorless, but may be more or less opaque. When large, consisting of a clear fluid, separating the cuticle from the true skin, they are called blebs, bullæ, or small blisters. This class includes herpes, of which there is a great variety; they differ in the mere position or form of the vesicular patches: eczema, scabies, miliary eruption, pemphigus and rupia. Remedies—Sulphur, cantharis, rhus tox, rhus ver., mercury, iris v., juglans c., arsenicum, sepia, cuprum, lobelia, cistus c., causticum, carbolic acid and nitri acid.

Class 4. PUSTULAR DISEASES.—In this class we have ecthyma, impetigo, acne-rosacea, cycosis, furuncul and variola. They are characterized by circumscribed elevations of the cuticle, containing pus, and having red inflamed bases. Remedies—Mercury in its various forms, sulphur, croton t., tartar e., calc-carb., graphites, arnica, apis m., potassa, hepar sul., hydrastis, juglans c., electricity, belladonna, cimicifuga, variolin, thuja, iris v. and arsenicum.

Class 5. SCALY DISEASES.—We have in this class psoriasis, leprosy, pityriasis, ichthyosis and syphilitic eruptions. In those diseases the cuticle becomes hard, thickened, opaque, whitish, patches of unhealthy cuticle. The subjacent surface is red. The scales thrown off from the skin consist in a rough, thick, and almost horny state of the cuticle, and are frequently renewed as soon as thrown off. Remedies—Arsenicum, mercury in its various forms, nitric acid, potassa in its various forms, lachesis, silicea, phytolacca, hepar sul., rhus v., stillingia, iodine and juglans c.

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Class 6. TUBERCULATED DISEASES.—Under this class we have elephantiasis, lupus, molluscum, yaws or framboesia, keloid, etc. These cutaneous tubercles are small, hard, superficial tumors, circumscribed and permanent, sometimes they slowly separate at the summit. These excrescences are from the size of a pea to that of a hen's egg. Remedies—Sulphur, cal carb., carbo an., potassa, arsenicum, sepia, iodine, mercury, phytolacca, thuya, rhus rad., apis m. and juglans.

Class 7. MACULÆ, OR DISCOLORATIONS.—In this class we have lentigo (freckles,) ephilis, naevi, albinism and vitiligo. They are characterized by changes in the color of the skin, produced by the modifications of the coloring matter, independently of any other affection. Remedies—In these affections remedies will be found of little or no use, but a few may be tried, such as sulphur, calc c., lycopodium, hepar sul., mercury, phytolacca, nitric acid, etc.

Class 8. CRYPTOGAMOUS AFFECTIONS.—We have in this class porrigo, trichosis, etc. These diseases depend essentially on the presence of microscopic fungi, and are characterized by a scab-like cup-shaped elevations, distinct or confluent, and of a contagious nature. Remedies—Sulphur, mercury in its various forms cal carb., hepar sul., arsenicum, iris v., juglans, tartar emetic rhus t., rhus ver., potassa, croton t., carbolic acid, baryta c. and ustilago madis. During the administration of the above remedies, they should be applied locally. My favorite local remedies are calomel, iris v., juglans, sulphur and carbolic acid.

SLEEP.

In noting the remedies that effect the sleep, I will only mention those that are of the most practical importance to the physician, for all remedies affect the sleep more or less: Belladonna, opium, hyoscyamus, stramonium, alcohol, lachnanthes, quinine, coffea, bromide of potassa, cannabis ind., aconitum, n. ——, asafœtida, musk, ambra grisea, scutellaria, gelseminum, cocculus, valerinate of zinc, cypripedium, lycopus, cimicifuga, platina, chamomilla, nux vom. and cactus.

FEVER.

1st. RASHES.—(See rashes under skin diseases.)

2d. INFLAMMATORY FEVER.—Aconitum, veratrum v., bella-

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donna, bryonia, gelseminum, digitalis, veratrum alb., cimicifuga, cactus g., colchicum and tartar emetic.

RHEUMATIC FEVER.—Aconitum, bryonia, rhus tox, rhus rad., rhus v., cimicifuga, phytolacca, colchicum, sulphur, hydriodide of potassa, caulophyllum, stillingia, dioscorea, cactus g., pulsatilla, nux v., mezereum, chamomilla and propylamine.

INTERMITTENT FEVER.—The true anti-periodics are but few in number, notwithstanding the vast multitude put down in the books for the cure of intermittents. Four-fifths of the remedies mentioned have no anti-malarial properties about them. China and its alcoloid quinine, especially the latter, is our greatest anti-malarial remedial agent, and next to it is arsenicum, polypori, ipecac, ostryina, nux v., gelseminum, eupatorium per., apis m., cedron, sulphur, carbo veg., natrum mur., web of spider, ptelea, salicine, caffeine, pulsatilla and canchalagua. The above list contains about all the anti-malarial remedies that are known to the profession, the rest of the remedies mentioned in our books, will give nothing but disappointment in malarial districts.

REMITTENT AND BILIOUS FEVERS.—These require the same remedies as intermittent fever, with the addition of mercury, podophyllum, leptandria, aconitum, veratrum v., colocynth, chamomilla and crotalus.

YELLOW FEVER.—Crotalus h., arsenicum, veratrum viride, veratrum alb., ipecac, belladonna, rhus tox., aconitum and mercury.

CONGESTIVE FEVER.—Arsenicum, sulphate of quinine, belladonna, opium, polypori, ostryina, veratrum alb., veratrum v., ipecac, nux v., crotalus and lachesis. These are to be given internally, and by sub-cutaneous injections at the same time, especially the latter method is to be relied upon.

TYPHUS AND TYPHOID FEVERS.—Arsenicum, bryonia, rhus, baptisia, belladonna, opium, phosphoric acid, muriatic acid, phosphorus, acid nitric, sulphur, crotalus, hyoscyamus, stramonium, gymnocladus and carbo veg.

WORM FEVER.—Santonine, cina, mercury, sulphur, belladonna, hyoscyamus, stramonium, opium, aconitum n., spigelia and terebinth.

CHILD-BED FEVER.—Aconitum n., veratrum viride, belladonna, bryonia, colocynth, mercury, arsenicum, veratrum alb.,

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pulsatilla, cimicifuga, gelseminum, sulphur, nux v., rhus, muriatic acid and bromide of potassa.

Mucous Fevers.—Aconite, hydrastis, chlorate of potassa, pulsatilla, cantharis, terebinth, copaiva, cubeba, chimaphila, borax, sticta, sanguinaria, tartar emetic, apis m., cannabis, senecio aureus, kali b., apocynum, erigeron, mercury, borax and eupatorium pur.

Spotted, or Cerebo-Spinal Fever.—Veratrum viride, alcohol, euphorbia corrollata, belladonna, curaro, bryonia, arsenicum, opium, nux v., cantharis, aconitum, crotalus, rhus, bromide of potassium, lachesis and secale.

MIND.

Under this group I will only mention the most important remedies: Aconite, veratrum v., veratrum alb., cimicifuga, digitalis — belladonna, hyoscyamus, stramonium, opium, coffea, chloroform, aethusa, lachesis—cannabis, bromide of potassium, phosphoric acid, ignatia, pulsatilla, chamomilla, aurum, cocculus, staphysagria, agaricus, platina, secale—sulphur, mercury, arsenicum, baryta mur, etc.

HEAD.

About every remedy in the brain symptomatically or idiopathically. I will name these that are most practical: Belladonna, hyoscyamus, stramonium, opium, glonoine, alcohol, aethusa, cicuta, quinine, aconite, veratrum v., arnica, hellebor, gelseminum—arsenicum, bryonia, mercury, sulphur, apis m., iris v.—cocculus, coffea, agaricus, camphora, cypripedium, zinc, comocladia, gymnocladus, lachnanthes and zizia.

(To be continued.)

Translated Articles.

PETROLEUM.—DIARRHŒA.*

Dr. Hirschel, of Dresden, has made use of *Petrol.* in acute and chronic diarrhœa; in acute cases he has observed frequently the most striking effects of this remedy, in most cases one, or at least but few doses were sufficient to effect a cure. *Petrol.*

Neue Zeitschrift f. Hom. Klinik, Vol. xvi., No. 8.

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is especially adapted for diarrhœa caused by cold; in such cases, which appear very suddenly, and are unlike those, which characterize the colocyth diarrhœa with cutting pain. But there is a peculiar griping, with a pressing sensation in the bowels, which compels the patient to double up. The pain is mostly in the region of the navel—in the small intestines. The stools are watery, seldom mucous, copious, spirting, foaming, with much rumbling, which generally precedes the stools. The sensation is similar as if one had taken a laxative of Bitter water. In such cases, *Petrol.* is certainly effective.

Dr. H. says that he has met with excellent success with *Petrol.* in tuberculous diarrhœa, if characterized by the above mentioned symptoms, when other remedies were of no benefit. Then he continues: The old school, Mitscherlich, for instance, who holds *Petrol.* analogous with Ol. Terebinthina, employs *Petrol.* in consumption and scrofula. Homœopathy also recommends *Petrol.* in tuberculous and scrofulous affections, and in certain forms of coughs depending thereon.

Dr. H. cites several cases of diarrhœa occurring in subjects of phthisis pulmonalis, which were very materially benefited, and life prolonged for a considerable length of time. The 2nd or 3rd potency was generally used.

CLINICAL NOTES.

Translated for the Western Homœopathic Observ .

Ileus Spast. in a man, about forty-two years old, and generally constipated: Opi. relieved pain in abdomen and vomiting of faeces. Twelve doses were given. Stool, and after thirty-six hours patient well.—[Dr. Cserno.

Typhlitis Sterconialis, an interesting case, had been treated by allopathic physicians for eight days without benefit. Dr. Balogh, of Avad, administered *Opium*, and gave tepid injections, after which copious discharges of faeces followed, and pain and vomiting ceased.—[Dr. Balogh.

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Hernia Incarecrata.—Two cases cured with *Nux Vomica*. The writer* says, during his twelve years of practice in the old school, he saved only two lives by bloody operations. Dr. Syontagh, who refers a case where *Nux Vom.* 3 prevented an operation.—[*Dr. Cserno.

Eclampsia Purp.—A poor, delicate woman, seventeen years old, much reduced and greatly depressed by various accidents, was cured with Atropia Sulph. 3rd potency.—[Dr. Cserno.

Cholera.—Based upon two different anatomical-pathological conditions, by Boehm and Guttmann. Dr. Hausmann recognises two forms of cholera—the one form corresponds to *Argent. Nitr.* and the other to *Cupr. arsenicos.*—[Blætter fuer Homœop. N. Z. f. H. K. Vol. xvi, No. 8.

Prussic Acid in Cholera.—Dr. Sarge, in his "Small Contributions to the Hom. Treatment of Cholera," makes mention of *Prus. Acid* in several cases of cholera. One case particularly, which became rapidly asphyxtic; no pulse, general coldness, complete stupor—the man did not speak a word. Dr. S. gave *Prus Acid*. The pulse and warmth of the body soon returned, however, only for half an hour, followed then by death.

Dr. Windelband observed a similar case. Upon administering *Prussic Acid,* 2d potency, (decimal,) a marked improvement followed, the hardly perceptible pulse was greatly accelerated, yet the end was also death.

Dr. Jacobi, of Berlin, informs Dr. S. of several cases where *Prussic Acid,* in 2d decimal potency, brought the patients very rapidly out of the asphyxia, but the reconvalescence was very slow.

Dr. S. recommends further experiments with this remedy.—[Neue Zeitschrift, f. Hom. Kl., Vol. xvi, No. 11.

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Correspondence.

HANNIBAL, Mo., Sept. 11th, 1867.

EDITOR OBSERVER: In the August number of the *Observer* my notice was directed to a communication from John Fee, M. D., of Macon City, in which he calls the attention of the medical fraternity to an operation which I performed in 1865, viz.: "the excision of the head of the right humerus," and which was reported in the January number of the *Observer*, 1867. He complains that, as he was present at the operation, he feels damaged by the omission of his name in said report. To this, I will say his name was purposely *excluded* from the same for reasons best known to myself and a few others, which it is unnecessary to mention, otherwise, it is as far beneath my notice to reply to the blatant fustion of the fellow who penned the communication, as he himself is beneath my contempt. My only reply, therefore, is, that his statements, as above excepted, concerning myself and the operation which I performed, and to which he refers, are wholly *malicious, contemptible and false.*

W. D. FOSTER, M. D.

WORCESTER, August 30th, 1867.

EDITOR OBSERVER: Dr. Gurber's article on "Erigeron in Gonorrhœa" reminds me of the "Erigeron Mixture," which I have used successfully in hemorrhage of the uterus and lungs. The prescription I found in King's *American Family Physician*, page 729. It is as follows: "Triturate oil of *Erigeron*, half a fluid drachm; with powdered *Gum Arabic*, half a drachm; *White Sugar*, one drachm; and then gradually add water, eleven fluid drachms, triturating constantly." (I have found when the stomach is sensitive, or irritable, by adding *Glycerine*, half an ounce, to the mixture, the stomach retained the mixture comfortably.) Each drachm of the mixture contains five drops of the oil, which is enough for an ordinary dose. Dr. King says, "the dose is a tablespoonful (equal to twenty drops) in excessive flooding, every five, ten or fifteen minutes; in ordinary cases, three or four times a day."

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Where the tincture cannot be obtained, I think the above "Erigeron Mixture" would answer an excellent purpose for internal use, and for injection, if any is needed. Try it, and tell us the results.

Yours, &c.,

W. B. CHAMBERLIN, M. D.

WORCESTER, Mass.

POUNDED ICE IN DIPHTHERIA.

TROY, N. Y., September 25, 1867.

WM. TOD HELMUTH, M. D.—*Dear Sir:* I have to-day been perusing with must interest your late work on Diphtheria. It has been a great source of pleasure for me to do so, both on account of its being thorough and exhaustive, and also because it is the production of my old, much-loved professor of anatomy. But, Doctor, will you allow me to suggest one remedy for this dread disease which I have not as yet seen in print? and that is simply *freezing the throat from the outside.* Take pounded ice, mixed with salt, in a piece of muslin, and apply it immediately above the Pomum Adami. Allow the application to be circumscribed so as not to seriously involve other tissues more than those over the diseased part. The application need be only of short duration before the diphtheritic exudation loosens from the mucus membrane, and the patient is immediately and thoroughly relieved. You will find that it will act like a charm, and often save the life of the patient when all other remedies fail. Of course our usual medicines should be administered, in order, if possible, to strike at the root of the disease, as it resides in the poisonous miasm, circulating in the blood, and producing constitutional disturbance. You will also find the same external application eminently useful in membranous croup.

Pardon me for presuming upon your time. Trusting that through these brief lines I may have rendered you some little service, I remain, with kind regards,

Ever truly your friend,

JOHN YOUNGLOVE, M.D.

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The Western Homœopathic Observer.

ST. LOUIS, OCTOBER, 1867.

THE CHOLERA CONFERENCE AT WEIMER—THEORY OF DISINFECTION.

At a recent meeting of the New York Board of Health the President presented the following communication from Dr. Harris, Register of Vital Statistics, which is an abstract of the report of the proceedings of the Cholera Conference held in Weimer, Germany, during the month of June last:

DEAR SIR:—Having been favored with an abstract of the discussions and concluding recommendations of the Cholera Conference that recently met at the city of Weimer, and having learned from Prof. Pettenkofer that the full stenographic report of the conference will be published at Leipsic during the summer, I now lay before the Board of Health a synopsis of the discussions and their conclusions as given in this abstract.

You will recollect the polite invitation that was extended to New York to be represented at that important meeting. It turned out to be precisely such a conference as the interests of public hygiene required, for the most practical and comprehensive questions were discussed by the leading sanitary scholars of Europe, nearly sixty delegates being present. The following conclusions were adopted, and I beg leave to present them here before giving the synopsis of the debates of the conference.

CONCLUSIONS AND RECOMMENDATIONS.

I. The Conference expresses as its deliberate conviction that the efforts to arrest and prevent cholera by disinfectants should be continued in the most energetic manner.

II. Disinfection will be entirely successful only where excremental matters are carefully gathered and kept from being cast about; when attention is given to the cleanliness and the means of health; and when the disinfection is performed by sanitary authorities in a compulsory manner.

III. In places where the entire locality or district cannot be at once disinfected, it is advisable to disinfect throughout the places visited by the previous epidemics of cholera.

IV. The general disinfection should be performed at the proper time, that is, before the epidemic is actually prevalent in town or place. Every house or spot that becomes infected, or is suspected to be so, must be kept constantly under the influence of disinfection.

V. In regard to the best substances as disinfectants, though the testing of various articles is not yet completed, there have been found, to the

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present time, no more effectual substances than sulphate of iron (copperas) and carbolic acid; and, as experience proves, we have no other disinfectants that can be employed with greeter facility. A combination of both these disinfectants is therefore recommended.

VI. The disinfection of clothing that has become infected by cholera excrement is especially an important matter. For that purpose the Conference recommends that all such clothing be disinfected by boiling in water, or by chemical treatment in a proper solution of "zinc vitriol" (sulphate or chloride of zinc); and the Conference also recommends that special arrangements be made by which disinfection can be employed in all places, and at any hour, among or for the poor.

VII. For the disinfection of sewers and drains, the Conference advises the trial of Mr. Sauvren's method. [The means used by Mr. Sauvren are not yet fully published, but they are believed to be similar to McDougall's—namely, a combination of carbolic or coal tar preparation, in a cheap form.]

VIII. If cholera infects any house or spot, it is recommended that, if practicable, the houses so situated in an infected place, or being infected, should be vacated, and their inhabitants removed from the iufected spot.

IX. It is especially recommended that the ground-water (that is, the water in the ground) about dwelling-houses, and all the grounds about habitations of every kind, should be preserved undefiled by any excremental matter of cholera; also, that all drinking water be undefiled and pure, and that where no pure water can be had that the water which must be used should be disinfected by boiling.

Such were the final conclusions of the Conference in reference to the first duties of sanitary authorities and the people of any town that is threatened by cholera. The discussions were based upon the experience and studies of the distinguished gentlemen who had thus agreed to meet and compare their views and the results of their observations. The attendants at the Conference were from various cities of Germany, Holland, Prussia, Austria, Hungary, and Russia. The history of cholera outbreaks among the troops in the war last year proved marvellously interesting and conclusive on many points. Next in order of interest and importance was the history of infection by means of water contaminated by cholera excrement. Closely allied to the latter subject was the examination of evidence concerning the discoveries that have been made in regard to the peculiar means by which the cholera infection is transported and propagated. Lastly and most practically useful was the examination of evidences concerning the proper and best methods of disinfection, and the relations of such means to the promotion and control of cholera epidemics. The chief medical officer to the Privy Council of Great Britain presented the history of the outbreaks of cholera in London in connection with the water of the East London Water Company, which, as Dr. Radcliffe has shown, was contaminated by cholera excrement. In the district where that water was used the epidemic burst forth as by an explosion; while, subsequently, in other places it spread by the more

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usual methods and in the more usual manner. Then, again, there were other instances where the epidemic spared all persons in certain asylums and hospitals who used privies that were uncontaminated by cholera excrement, while the epidemic decimated the classes of inmates that used the latter. The Conference conceded that wells and reservoirs of drinking water were frequently contaminated by the cholera poison by soakage into them of the infectious element from the cholera stools; but Profs. Pettenkofer, Wanderlich, Simon, and others agreed that drinking water was not the most universally common means of communicating cholera to man. The influence of ground-moisture, or more precisely of the ordinary ground-water, while such water or moisture is receding by drying of the ground after a wet period, was proved by such who daily used the same well water, but who used different privies and frequented different and well-separated yards, as we saw the same fact illustrated in two adjacent pavilions on Blackwell's Island last summer. The influence of different kinds of ground in receiving and propagating the epidemic virus of cholera was examined, and Dr. Pfeiffer, of Vienna, showed the curious course which the epidemic pursued in passing through the great forest country of Thuringen last year; while the delegates from Dresden and some other places showed what conditions of the earth had permitted and favored the spread of cholera on their soil that covered certain granite rock districts. The outbreaks on Blackwell's Island and the rocky summit of Hudson City fully bear out the conclusions of the Conference on the subject of cholera epidemics on rocky surfaces, and do not disprove the agency of the surface soil in propagating the virus when planted in such places. Examining the great mass of facts presented by members of the Conference in regard to influence of the ground and its retentiveness of undrained water, or of being porus, and, at times, saturated and again undergoing a course of drying by evaporation, the more important conclusions seem to be as follows:

1. That porus soils, and any kind of earth that retains and favors the ordinary kinds of fermenting filth, will readily retain and repropagate the virus of cholera when once the germinal virus has been introduced or planted by persons coming from infected places; that the mere altitude of a place is not the question that determines its susceptibility to cholera; that the moisture (ground-water) and the fluctuations of that moisture of a soil by rising and receding (drying), favors the propagating of cholera; that a sewer or drain may become the chief source of infection to some places where there is no soil, or where the ground and everything except the sewers and drains have been disinfected.

2. That Prof. Pettenkofer's use of the term ground-water should be understood, as he intended, to mean the standard of saturation by moisture in the soil, and that grounds which, upon their surface appear to be high and dry, may, nevertheless, be saturated with moisture; that is, have an excess of ground-water (or high ground-water), and that the sanitary drainage and drying which are necessary to protect a soil against repropagating the planted virus or germs of cholera must be deep and

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thorough. The history and topography of the cholera fields of Halle, Berlin, Zwickeon, Thuringen, Helsingfors, and St. Petersburg supplied admirable proofs of this great doctrine in sanitary drainage.

3. Good proofs were adduced that there are some kinds of soil that seem to be natural disinfectants of cholera virus, and upon which an epidemic cannot spread except in filthy houses, sewers, &c. We have not time to make the sbstract of the facts that will illustrate the true theory of this kind of exemption. We can say, however, that it is plainly important that regard should be given to the kinds of earth and materials used for filling up sunken lots, and that even the location of dwelling places may sometimes be a matter of choice as regards the nature of the soil.

The facts concerning special disinfection to destroy both the cholera virus and all susceptibility to material for its repropagation in a house or district, were well discussed in the Conference. The negative facts were specially important, for they showed that in a few places, as in the great prison at Halle, the great epidemic swept forward regardless of the previous and continued disinfection of the grounds and nuisances with sulphate of iron. But in those instances it was proved that the sewers and drains were not disinfected, and that not only were the infected spots particularly exposed to and connected with such drains and sewers, but that the copperas solution had been relied upon without mixture with carbolic acid, and the powerful antiseptic agents which coal tar contains. In Berlin there was great success in the use of permanganate of soda, with sulphuric acid added—that is, the success was achieved by the most rapid and powerful oxidization, in the same manner as we last summer disinfected the defiled clothing and bedding of the cholera sick by means of permanganate of potassa. The expensiveness of the method is the chief objection to it; yet, for domestic and limited applications it is a perfect method for clothing and upholstery. The fact that with entire unanimity the Conference recommended that the main reliance for disinfection should be placed in the simpler and powerful agents—sulphate of iron and carbolic acid, which the Metropolitan Board unhesitatingly adopted at the beginning of the epidemic last year—will be ample warrant for our continuing to employ those cheap and effectual substances.

The vital importance of perfect sanitary care of all persons sick or infected with cholera was illustrated in the history of the epidemic in every city. Disinfection alone, and especially the irregular and unsystematic or unenforced applications of disinfection, did not always control the prevalence cf cholera; indeed, such exclusive and unmethodical sanitary work often resulted in fatal disappointments. In some cities, as in Erfurth, even the carbolic acid was so freely used in some parts of the town (in privies) that the wells in the vicinity of privies flooded with that disinfectant yielded water that tasted strongly of it; yet parts of Erfurth were neglected, and cholera was fearfully epidemic there. But it was conceded that in cities in which there was perfect, and systematic, and well-regulated sanitary disinfection combined with perfect care of the sick and of

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all suspected persons, as was the case in the city of Bristol and some other favorite cholera haunts, the epidemic was controlled, and, by like faithfulness and skill, that it could and should be generally controlled in all civilized cities.

Prof. Hirsch presented the arguments and studies that favor the discovery of the precise nature of the poison that produces cholera, and the Conference commended and urged on the inquiries that have already in the hands of Profs. Klob and Thome, last year, resulted in discovering a minute microscopical growth that, thus far, proves to be exclusively produced in cholera excrements, and which obeys all the tests for the destruction as well as the propagation of the cholera. The spores of that little growth multiply with marvellous rapidity, and are not destroyed by ordinary doses of chlorine or chloride of lime, but are killed by sulphate of iron and carbolic acid.

The Conference recommend that scientific naturalists, like the men who are now at work on the question, should continue their researches. It was also recommended that observers of cholera should carefully study the conditions under which the epidemic is transported from place to place, and also study the relations of ground, moisture (ground-water), and other local conditions that determine the boundaries of epidemic fields.

It will be observed by these notes, of a discussion that appears to have been conducted with the single object to find out what is known, that there was a clear knowledge of the practical wants of sanitary officers and governments. The nine propositions which the members of the Conference have submitted as their unanimous conclusions and recommendations I have placed at the beginning of this abstract, as being precisely the kind of information which a Board of Health most wishes to receive, and upon which it can base judicious practices. Fortunately for the good name of your Board, as for the safety of the city last year, our practice was, from the first, based upon these doctrines, and the great minds that led in the Weimer Conference were the men that had most aided us in former years to deal with epidemic and infectious diseases. I am happy to learn that the Leipsic report is to be fully illustrated by maps and charts, to show precisely what course cholera has pursued in European cities. We may hope to receive copies next month. I regret that the abstract forwarded by Prof. Pettenkofer cannot be translated and put in your hands to-day. These pages contain the gist of the whole, but the debates touched upon a great many other points. We are a little surprised that some conclusion and recommendation on quarantine was not reached. But, since the fact has been demonstrated that persons who travel away from an infected district may themselves, while yet journeying and not sick, spread cholera, by means of excremental evacuation, it is not surprising that little reliance should be placed upon quarantine regulations as a means of preventing cholera from spreading in Europe.

Respectfully yours, ELISHA HARRIS,

Corresponding Secretary M. B. H.

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CORRECTION OF AN ERROR.

I have noticed that the report has gained credence (probably through a few lines inserted in a previous number of the *Observer* by Dr. Temple) that Dr. Luyties had assumed the editorial management of this Journal. This is not the case. The editorial duties are conducted by Dr. Helmuth, who assisted in the organization of the Journal, and has been connected with it from that time until the present, excepting two or three months, when it was given to the Homœopathic Medical Society.

H. C. G. LUYTIES.

DEATH FROM THE USE OF CHLOROFORM.

In this city there has been another death from the use of chloroform, skillfully administered by one of the best surgeons of St. Louis. These facts, occurring from time to time, give evidence that chloroform is not always the safest anæsthetic that can be employed, and that although the benefits are great which arise from chloroformization, yet occasionally it is attended with great danger. In a late report of the chloroform committee we find that one hundred and twenty-three cases have been collected in which death could positively be assigned to the inhalation of chloroform; and even this large number is probably short of the aggregate mortality which must have been due to its use in various parts of the world. Many of the deaths, moreover, happened during trivial operations, which, without chloroform, are not attended with risk to life. The committee state, in the most positive manner, that "at times, even with every care, *and with the most exact dilution of the chloroform vapor, the state of insensibility may pass in a few moments into one of immediate death.*" The following case will be to the point:

An old man named Jacob Wilhelm came to the city a day or two ago, from Iowa, to have an operation performed by Dr. Hodgen for stone in the bladder. Yesterday, in the presence of a number of physicians and students, the Doctor had administered chloroform to the patient, and was proceeding with the operation, when it was found that the man was dead. The Coroner held an inquest on the body, and the jury returned a verdict of death from the effects of chloroform administered for the purpose of performing the operation of lithotomy, and it was the belief of the jury that the result could not have been avoided. Deceased was sixty-one years old, and leaves nine children.

The following letter in reference to the matter appears in the last number of the *Medical Reporter*, from Dr. Hodgen, which will no doubt be read with interest by the profession generally:

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ST. LOUIS, September 25, 1867.

Editors St. Louis Medical Reporter:

It becomes my duty to record another death from the use of chloroform as an anæsthetic agent—the first I ever witnessed—and I think the fourth case of the kind that has occurred in this city since it has been presented to the profession for that purpose. Jacob Wilhelm, aged fifty-nine, a native of Germany, of original robust constitution, but who had suffered much in the past seven years from stone in the bladder, presented himself to me two weeks ago, asking to be operated upon. At that time, though we found stone, it was thought prudent to put off the operation a short time, since he was suffering from malarious fever, and the weather was very hot. Yesterday (September 24), however, his general condition having sufficiently improved, he was, at 10 o'clock A. M., brought to the operating room of the St. Louis (Sister's) Hospital, and was placed upon the table for the purpose of having the operation of lithotomy performed. In the presence of some thirty medical men and students, assisted by Drs. Gregory, Dudley, Junghaus, and others, chloroform was administered in the usual way, viz: a drachm of chloroform was poured into a conically-folded napkin, and the patient allowed to breathe from it. Of course, inhaling in this manner, it is largely mixed with air. He was announced under its influence, and I made the first incision in the perineum. In searching for the staff, the patient seemed not well under the influence of the chloroform; a little more was added to the napkin, when he took two additional inspirations, when his condition was announced as critical by the attendants. Efforts were immediately made to resuscitate him by dashing cold water in the face and on the chest, violent spanking, striking the chest, and pressing the abdomen, and finally, by opening the windpipe and introducing a large catheter, fresh air was forced into the lungs and endeavors made to produce artificial respiration. These efforts were continued for over a half hour, but did not elicit the slightest response, and the patient succumbed almost instantly.

Respectfully,

JOHN T. HODGEN, M.D.

CHEMICAL COMPOSITION OF STREET MUD.

BY C. R. C. TINCBORNE, F.C.S.

The communication on the above subject, from Dr. Letheby, which appeared in the last number of the *Chemical News*, possesses to my mind considerable interest from two causes. First, from its important sanitary aspect; and second, from the fact that last year I endeavored to bring prominently before the authorities of the city of Dublin the highly deleterious nature of street dust, or mud, which, from their hygienic point of view, was vulgarly looked upon as harmless. In a letter published in the *Irish Times*, Tuesday, October 9, 1866, I gave the analysis of the mud taken from one of our narrowest streets, but which street was, and

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is to the present day, our greatest thoroughfare. The letter was written at the commencement of the severe attack of cholera with which Dublin was visited last autumn, and was published mainly with a view to advocate the use of carbolic acid for watering the roads. On referring to my notes, I find that the street dust of Dublin contained on an average 24 per cent. of organic matter, which is lower than the average given by Dr. Letheby for the London mud, even allowing for difference of moisture. This lower percentage is probably owing to the much larger percentage of animals working upon the same extent of roads, or also because many of our streets are macadamized, or constructed in a similar manner. From the continual state of steeping (if I may use the expression), and re-drying that this comminuted manure is constantly undergoing, I am of opinion that we are hardly alive to the mischief that it is capable of perpetuating. Antiseptics, such as carbolic acid, from their expense, are inadmissible for general use in the ordinary course of events. In seaport towns an efficient antiseptic, and harmless friend, would be found in the sea-water. This should be used freely for watering the streets. In dry and hot weather the saline substance very soon accumulates, and the sea-water leaves a perceptible hard crust of the briny matter. From its slightly deliquescent nature it answers its mechanical requirements admirably, and during the usual dry weather adds no expense to the work ordinarily done to restrain the dust. The three and a half per cent. of chloride of sodium, &c., contained in sea-water collects rapidly when exposed to superficial evaporation, even in damp weather, and it would be next to impossible that fermentable changes could take place in the presence of so large a proportion of sea-salts.

Such a project would perhaps be hardly feasible in a city like London, which is situated so far from the mouth of the river, but it could be easily adopted in such towns as Liverpool, Portsmouth, Dublin, &c. The following analyses, taken from my note-book of last year, may possess some interest in connection with my remarks:

Moist Dust from Grafton street, Dublin, October, 1866.

Moisture	33.3
Organic matter	25.1
Inorganic matter	61.6
	100.0

Street Dust, October, 1866.

Soluble salts	1.3 per cent.
Organic matter	25.1

Soil from a well-made road upon which sea-water had been used.

Soluble salts	7.5 per cent.
Organic matter	21.1

Here it will be seen that the salts are about one third the weight of the total organic matter present.—[*Chemical News*.

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VITIATED AIR.—In less than two minutes and a half all the blood contained in the human system, amounting in the adult to nearly three gallons, traverses the respiratory surface. Every one, then, who breathes an impure atmosphere two minutes and a half, has every particle of his blood acted on by the vitiating air. Every particle has become less vital, less capable of repairing structures, or of carrying on functures; and the longer such air is respired, the more impure it becomes and the more corrupt grows the blood. After breathing for two minutes and a half an atmosphere incapable of properly oxygenating the fluids which are traversing the lungs, every drop of blood in the human being is more or less poisoned; and in two minutes and a half more the entire minute part of all man's fine-wrought organs has been visited and acted upon by this poisoned fluid—the tender, the delicate, the wakeful and the sensitive nerves, the heart, the brain, together with the skin, the muscles, the bones throughout the structure—in short, the entire being. There is not a point in it but must have suffered injury.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING OCTOBER 4TH, 1867.

AGES.

Under 5 years of age	421	From 50 to 60 years of age	54
From 5 to 10 years of age	69	" 60 to 70 " "	34
" 10 to 20 " "	86	" 70 to 80 " "	20
" 20 to 30 " "	201	Infants still born	31
" 30 to 40 " "	162		
" 40 to 50 years of age	81	Total	1159

DISEASES.

Accidents	12	Hemorrhage	13
Angina	1	Hepatitis	8
Apoplexy	9	Hydrocephalus	19
Atrophia	10	Inanition	2
Bronchitis	1	Inflammation	15
Cancer	2	Lockjaw	2
Cholera infantum	94	Mania potu	1
Cholera morbus	130	Marasmus	23
Cholera	340	Meningitis	20
Congestion	29	Over dose of chloroform	1
Consumption	46	Old age	1
Convulsions	39	Peritonitis	7
Croup	4	Pertussis	4
Debility	29	Pneumonia	12
Delirium tremens	3	Premature birth	8
Diarrhœa	60	Rheumatism	1
Diphtheria	3	Scarlatina	1
Dysentery	29	Still born	31
Enteritis	16	Suicide	1
Fever	54	Summer complaint	24
" typhoid	15	Trismus	9
" intermittent	10	Tuberculosis	5
" remittent	8	Whooping cough	2
Fracture	2		
Heart disease	3	Total	1159

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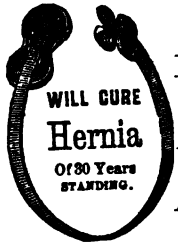

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THE WESTERN

HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, NOVEMBER, 1867. No. 11.

H. C. G. LUYTIES, Proprietor and Publisher.

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Original Articles.

A CLASSIFICATION OF THE MATERIA-MEDICA UPON A PHYSIOLOGICO-PATHOLOGICAL AND PATHOGENETIC BASIS.

BY W. H. BURT, M. D., OF LINCOLN, ILLS.

(Continued from Page 224.)

EYES.—The remedies that effect the mucous membrane of the eye are pulsatilla, hydrastis, mercury, cantharis, apis m., copaiva, chlorate of potassium, borax, aconitum, euphrasia, belladonna and sulphur.

FIBROUS TISSUE.—Remedies—Belladonna, bryonia, rhus t., rhus r., rhus v., opium, colchicum, aconite, colocynth, sulphur, phytolacca, nux v., arnica, cimicifuga and cactus.

NERVOUS TISSUE.—Belladonna, opium, hyoscyamus, stramonium, phosphoric acid, china, nux v., conium, colocynth, sulphur, phosphorus, calcaria c., mercury, &c., &c. In chronic cases of opthalmia, where we have granulation of the lids, &c., the use of a crayon of sulphate of copper will be found of great value. Nitrate of silver will have to be used in some cases. One of the most valuable internal remedies I have ever used is the mother

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tincture of phytolacca in five drop doses, three times a day. The external use of the muriate of hydrastia will be found exceedingly useful.

EARS.—Aconitum n., rhus v., rhus t. and rhus r., apis m., arnica, calendula, belladonna, lachesis, mercury, causticum, sulphur, calcaria c., graphites, hepar s., croton t., phytolacca, pulsatilla, hydrastis, chlorate of potassium, kali hyd., quinine and iodine.

NOSE.—Aconitum n., belladonna, arnica, pulsatilla, cactus, mercury, kali b., kali h., per and chlorate, ammonia, sulphur, calcaria, aurum, hepar s., hydrastia, copaiva, apis m., sticta, sanguinaria, tartar-emetic, asclepias, china, phos. acid, iron, hamamelis, &c. A snuff of the first trituration of sanguinaria for hemorrhage or catarrh will be found of great value.

FACE.—Aconitum n., rhus v., rhus r., rhus t., apis m., arnica, mercury, bryonia, cantharis, sulphur, lachesis, belladonna, hydrastis, &c.

MOUTH.—Aconitum, belladonna, mercury, kali b. h., per and chlorate, phytolacca, iris v., baptisia, arsenicum, arum, hydrastia, cantharis, apis, copaiva, borax, eupatorium arom, nux v., phosphorus, nitric acid, hepar s., and sulphur.

TEETH.—Aconitum n., bryonia, arnica, rhus tox, belladonna, mercury, phosphorus, phytolacca, iris v., sulphur, nitric acid, mezereum, causticum, hepar s., pulsatilla, colocynth, &c., &c. The remedies that effect the teeth have given me poor satisfaction.

THROAT.—Aconitum n., belladonna, rhus v., rhus t., rhus r., bryonia, phytolacca, mercury in its various forms, iris v., iodine, sulphur, baryta mur, bromine, fluoride of calcium, hydrastia, apis m., cantharis, pulsatilla, hepar sul., spongia, ustilago, baptisia, capsicum, lachesis and kali b., kali h. and chlorate.

APPETITE.—China and its alcoloid quinine, nux v., ostryna, hydrastia, polypori, mercury, leptandria, phosphoric acid, ferrum, manganese, pulsatilla and calcaria carb.

STOMACH.—Arsenicum, veratrum alb. and viride, ipecac., tartar-emetic, bismuth, kali b., sanguinaria, robinia, phytolacca, nux v., pulsatilla, hydrastia, chamomilla, cocculus, dioscorea, sulphur, mercury, iris v., podophyllum, capsicum, xanthoxylum, cactus, aconitum n., cimicifuga, &c., &c.

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ABDOMEN.—So many remedies effect the abdomen, that I will only mention the most important ones: Aconitum n., belladonna, bryonia, rhus t., rhus r., rhus v., veratrum alb., arsenicum, colocynth, dioscorea, collinsonia, podophyllum, mercury, pulsatilla, nux v., sulphur, chamomilla, nitric acid, muriatic acid, china, leptandria, &c., &c.

STOOL.—Aconitum, bryonia, belladonna, rhus t. v. r., baptisia, mercury, podophyllum, iris v., colocynth, aloes s., colchicum, leptandria, polypori, aesculus, jalapa, gamboge, petrolium, croton t., phytolacca, pulsatilla, hydrastis, turpentine, copavia, cantharis, arsenicum, veratrum alb., cuprum, ipecac., phosphoric acid, elaterium, carbo veg., plumbum, opium, zinc, coffea, nux v., sulphur, lycopodium, cod-liver oil, china, polypori, ferrum, manganese, hamamelis, aesculus, capsicum, xanthoxylum, camphor, dulcamara, secale, lachesis, phosphorus, sanguinaria, &c., &c.

URINARY ORGANS.—Cantharis, apis m., terebintha, cannabis, copaiva, cubeba, hydrastia, chimaphilla, erigeron, wood oil, sandal-wood oil, potassa in its various forms, aconite, belladonna, erecthites, hamamelis, nux v., nitrate of uranium, pulsatilla, dulcamara, euphrasia, senecio aureus, mercury, iris v., phytolacca, sulphur, marsh mallow, uva ursi, pareira brava, &c., &c.

GENITAL ORGANS OF MAN.—Mercury, iodine, ustilago madis, spongia, conium, iris v., sulphur, bromide of potassium, clematis, phytolacca, pulsatilla, hamamelis, argentum, nux v., belladonna, coffea, agnus castus, caladium, nuphar-lut, china, phosphoric acid, ferrum, manganese, gelseminum, camphor, capsicum, cantharis, phosphorus, aurum, &c., &c.

ORGANS OF GENERATION OF WOMAN.—Ustilago madis, secale, sabina, platina, belladonna, gelseminum, cimicifuga, caulophyllum, crocus, cinnamon, gossypium, senecio aureus, electricity, apis m., pulsatilla, sepia, cantharis, copaiva, cannabis, terebintha, borax, chlorate of potassa, hydrastia, chimaphilla, tartar-emetic, ipecac., sulphur, mercury, arsenicum, kali bromatum, conium, helonias, kali ammonium, iodine, phytolacca, podophyllum, fluoride of calcium, trillium, hamamelis, zinc, erigeron, asafœtida, scutellaria, valerian, aletris, aconite, veratrum v., bryonia.

LARYNX.—Aconite, rhus vernix, spongia, bromide of potassa, mercury, iodine, argentum, bromine, ammonia, tartar-emetic, kali bichromicum, sanguinaria, cubeba, copaiva, moschus, bella-

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donna, gelseminum, cactus, hepar sul., sulphur, phosphorus, verbascum, sambucus, hydrastia, &c., &c.

Lungs.—Aconitum n., veratrum v., bryonia, rhus t. r. v., belladonna, lachesis, rumex c., tartar-emetic, ipecac., sanguinaria, lobelia, senega, kali c., copaiva, cubeba, sticta, terebintha, dulcamara, hydrastia, allium, pulsatilla, apis m., sulphur, phosphorus, stanum, calcaria in its various forms, hepar sul., hypo-phosphites, lycopodium, iron, ammonium carb., cuprum, bromide of potassa, acalipha-indica, olium jecorus, drosera, iron by hydrogen, bromine, mercury, arsenicum, kreosote, hamamelis, trillium, arnica, acetate of iron, erecthites, plumbum, argentum, erigeron, rhus glab, frasera, secale, millefolium, &c., &c.

Trunk.—Aconite, veratrum v., bryonia, digitalis, rhus t. v. r., belladonna, arnica, pulsatilla, chamomilla, nux v., ignatia, cimicifuga, caulophyllum, cactus, colchicum, mercury, sulphur, gelseminum, arsenicum, electricity, stillingia, phytolacca, dioscorea, &c., &c.

Arms and Legs.—Aconite, bryonia, rhus t. r. v., cimicifuga, phytolacca, cactus, sulphur, mercury, caulophyllum, dioscorea, pulsatilla, mezereum, stillingia, hydriodate of potassa, chamomilla, propylamine, &c., &c.

Reviews.

The Application of the Principles and Practice of Homœopathy to Obstetrics and the Diseases peculiar to Women and Young Children. *By* Henry N. Guernsey, *Professor of Obstetrics and Diseases of Women and Children in the Homœopathic Medical College of Pennsylvania.*

We presume the intention of the author of this work was, to supply students and young practitioners with an elementary work upon the whole science and art of Obstetrics, &c., so that the student, in prosecuting his studies, might obtain from it a clear and correct appreciation of this branch of medical science; that from the information here obtained, he might lay a foundation broad and deep enough for him to erect an elaborate superstructure of facts and observations, which would hereafter serve

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him in his capacity of an accoucheur. Evidently this was the aim of the writer when he penned the first six chapters. They are well written; not too concise, but sufficiently elaborate for a work intended to cover the whole of Obstetrics and diseases peculiar to women and children, in a volume of 750 pages. To condense a subject so broad and intricate as this, in a single octavo volume, requires much thought and a great deal of labor. It is divided into forty-six chapters, twenty of which are devoted to Obstetrics proper, twenty to diseases peculiar to women, and the remaining six to diseases of young children. To give to every subject connected with the study of Obstetrics, in a work of this size due consideration, without neglecting the minor points, requires laborious thought, much physical labor, and a peculiar analytical mind. We must consider Dr. Guernsey a pioneer in this branch of Homœopathic literature, for Croserio's little work, can scarcely be dignified with the title of a work on Obstetrics, and I know of no other. The author deserves credit for the self sacrificing spirit manifested in preparing such a book, when he cannot reasonably expect to receive any pecuniary remuneration at this particular stage in the progress of Homœopathy. We do not propose to take up chapter by chapter, and point out the defects which such a work, produced under such circumstances, must contain, neither do we propose to select its more perfect points, and eulogize them *seriatim*. Our only aim is to give our own general opinion of its merits, and how far it is adapted to fulfill the intention of its author. The typography is excellent;—with the exception of several misprints and mistakes, the printer has done his work well. We could have wished that new and better plates, than those illustrating the American edition of Cazeaux, had been used.

The number of chapters allotted to each subject are perhaps in as due proportions as are desirable.

The peculiar views of Dr. Guernsey upon the propriety of inducing abortion in cases of deformed pelvis, etc., are not the received opinions of writers on Obstetrics. He decidedly recommends the Cæsarean section in preference to sacrificing the child's life, in cases where the least diameter of the pelvis is two and a half inches, and above this diameter, if the child is dead, craniotomy *may* be preferable. The best statistics of this

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Cæsarean operation place the mortality at eighty per cent in case of the mother, and of the children at fifty per cent. If eight out of ten of the mothers die, and one-half of all the children also, is it justifiable to resort to such a murderous operation in preference to craniotomy, which must necessarily sacrifice the child, but in nineteen cases out of twenty saves the mother? In twenty-one cases I have resorted to craniotomy during a practice of twenty years, and in only one was the result fatal to the mother. That was a case where the consent of the friends could not be obtained until we could positively state that the child was dead, and then it proved too late. The world may have been benefitted by the great Æsculapius, Julius Cæsar and Macduff, who were from their "mothers womb untimely ripp'd," but we doubt whether the chances of saving great men to the world are sufficient to warrant us in sacrificing such a hecatomb of mothers. Our morals in early life may not have received the proper bias, and, therefore, we fail to see this question in its proper light. We are, however, certainly open to conviction.

One other question we wish to refer to in the Obstetrical part of the work and we are done, and that is the subject of spontaneous evolution, (page 482.) Dr. Guernsey does not commit himself upon this point, but quotes Cazeaux, and thereby, I would suppose, gives sanction to his opinion. Dr. Guernsey says there are two varieties of spontaneous version, Cephalic and Pelvic, but immediately quotes Cazeaux, who states that he can conceive of spontaneous *cephalic* version *only* in cases of abortion. Velpeau, whom Cazeaux refers to, had a well marked case in his own practice. Other cases are given by Scanzoni, West, Fincke, Mr. Farber, in the *British Medical Journal* for 1866, Dr. Franque, (*Wein. Med. Presse*, 1866,) and in the *Western Homœopathic Observer* for 1866, page 2, a case may be found which occurred under our own observation. In some of these cases the child was born alive and at full term. The evidence that such cases do occasionally occur is well established.

The most complete part of the work of Dr. Guernsey is the characteristics of remedies as applied to the treatment of the diseases peculiar to women. They are most admirably rendered, and what is still more gratifying, is the exclusion of all Allopathic paraphernalia, which, if ever needed, can be found in any

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of the works written from that standpoint—accessible to every one. We consider that this new work fills a void in our literature which was much needed, and we trust that its success will justify Dr. Guernsey in giving us a much more complete and better digested edition in a very short time. We trust more attention may be given to a complete index. This, we may say, is a miserable one; as an example—look for "Spontaneous Evolution," or any word which you might reasonably hope to lead you to that subject, and you will look in vain. Although defective in many points, and directly at variance with our own ideas on others, yet, as it is the best in Homœopathic literature, and superior in its treatment to any Allopathic work, we shall most cordially recommend it as the text book to the class about to assemble in the Homœopathic College of St. Louis, Mo.

WALKER.

THE SCIENCE AND ART OF SURGERY, *embracing Minor and Operative Surgery, compiled from Standard Allopathic Authorities, and adapted to Homœpathic Therapeutics, &c., &c., &c.* By E. C. FRANKLIN, &C., &C.

We have before us a voluminous work of 844 pages, which constitutes half of a treatise upon the Science and Art of Surgery, adapted to the use of Homœopathic Physicians. The members of our Profession have every reason to feel gratified with the improvement which can be noticed in the literature of our school, in almost every department, within the past few years. The most laudable efforts in this direction have, in the majority of instances, resulted in the production of books which all contain valuable information, and the indications at present tend to the prediction that ere long every specialty will have its appropriate Homœopathic, as well as Allopathic, authority. In a few years the student of Homœopathy will have at his command works of reference to which he may not only turn for advice in relation to the diagnosis, prognosis and pathology of disease, but where also, in its appropriate place, will be found the Homœopathic Therapeutics.

Dr. Franklin's book, as far as it has progressed, does great credit to himself and the school to which he belongs. He has spared neither time nor money, nor industry to render "The Science and Art of Surgery" equal to the expectations of those who have anxiously awaited its appearance, and having entered into the enterprise entirely alone, (we mean taken upon himself the pecuniary outlay of its publication,) he deserves the encouragement and support of the Profession at large. This should be rendered and rendered *freely*, and we believe that it will be so.

By way of introduction, we have a brief general history of Surgery, in which the names of the most celebrated Surgeons and the age in which they lived and achieved their immortality, are mentioned; this is followed

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with a record of the most important surgical exploits which have been accomplished in the United States, with the names of the operators, embracing a period from 1802 to 1867, and beginning with the name of Philip Syng, Physic., the Father of American Surgery. A concise and well written article on Surgical Pathology follows, in which the outlines of the normal nutritive process are briefly considered. The wonderful reproductive power of cells is certainly one of the least understood processes of Nature—every cell is a distinct organism. The lowest order of infusorial life, the *monad*, is a *single* minute cell, which requires to be magnified 640 times before it is visible at all, and varies from 1-24000 to 1-5000 of an inch in size. As we ascend in the scale, the number of cells increases, and in these, when one or several of the cells are abstracted and placed under favorable circumstances, the animal will be reproduced. As this independence of cell and cell growth is true of the lower orders of the animal kingdom, so also is it true of man. The various modification of cells, whether physiologically or pathologically considered, is one of the most interesting studies that can arrest the attention of the physician or the micographer, and can merely be alluded to in a treatise upon surgery.

The chapter on Surgical Semeiology is taken from Smith's Principles and Practice of Surgery, and is followed by a complete treatise on the bandage, its uses and its manner of application; this portion of the book is very profusely illustrated with wood cuts, representing the methods of applying the roller, the handkerchief, the pad and other dressings. The cuts, from our remembrance of Smith's Minor Surgery, are similar to those found in that work. To the student for constant study and to the practitioner for general reference, this portion of the book is certainly of the utmost service. We have following this a full chapter on Anaesthesia, which contains an article on Local Anaesthesia by Dr. Comstock, of this city. In this, besides the use of Ether and Rhigolene, mention is made of Xylo-styptic spray and Ferro-styptic ether as useful in controlling hemorrhage, and also of electricity. There are other substances which have been introduced to the notice of the profession for the production of anaesthesia, one of which is the bromide of ethyl, another the chloride of elayl (olefiant gas), which were introduced by Dr. Nunnelly, a well known English physician. At a meeting of the British Medical Association, he stated that both in private practice and in the Leeds General Infirmary he had used both of the above agents with the most satisfactory results whenever it was necessary to produce anaesthesia, and that they not only possessed many important advantages over chloroform, but that thus far no disagreeable symptoms had resulted from their use. Chimogene (*cold generator*) is the name given by Dr. P. H. Vanderweyde to a highly volatile and gaseous product which causes by its evaporation intense cold, and can be made to boil at any desired degree of temperature, from 60 to 30 degrees Fahr.

Chapter IV. is given to the consideration of the means and instruments for arresting hemorrhage. As an instance of the rapidity with which surgical science advances, there has lately been given to the profession a

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styptic and adhesive fluid, called *styptic colloid*, introduced by Dr. Benj. W. Richardson, which is not only styptic and antiseptic, but possesses the power of excluding the atmospheric air from wounded or abraded surfaces. It is a species of collodion, containing tannic acid. When the preparation is applied to the wounded surface the heat of the body gradually evaporizes both the alcohol and the ether, of which the solution is composed, and leaves the gun-cotton and the tannin in close approximation with the parts to which it has been applied. In the half-yearly abstract of Rankin, Dr. Richardson relates cases to which this compound has been most successfully used, viz: "cases of profuse hemorrhage; cases of common ulceration; cases of syphilitic ulceration; cases of open cancer; and cases of recent wounds." This fluid forms the base of many other useful medicinal agents, among which are carbolic acid, creosote, quinine, iodine, cantharides, morphia and the bi-chloride of mercury. This substance bids fair to be useful to the surgeon, and will no doubt ere long receive its appropriate place among styptics. It remains, however, yet to be thoroughly tried both by time and experience.

In the chapter upon disinfecting agents, after alluding to the great value of pure atmospheric air, the following articles are mentioned: First. Due notice is taken of the value of chlorine as found in the chloride of lime, the chlorides of potash and soda, the chloride of zinc, and then the binoxide of manganese, nitrous acid fumes, carbon, charcoal, coal tar, creosote and oakum; sulphuric acid, copperas, sulphate of iron, iodine and heat are briefly mentioned and their properties noted.

At the present writing, during the prevalence of cholera, the attention of the profession has been especially directed towards the proper substances for disinfection and deodorization, and Dr. J. H. Baker, in his prize essay, sums up the results of many experiments in the following: For rapid deodorization and disinfection, chlorine is the most effective agent known: for a steady and continuous effect, ozone is the preferable article, in the absence of which iodine exposed in the solid form is best. For the disinfection of fluid or semi-fluid substances, iodine in the form of tincture is most excellent, while for the deodorization and disinfection of solid bodies that cannot be destroyed, a mixture of powdered chloride or sulphate of zinc, with saw-dust, is found very efficacious.

The article, however, which is at present most in vogue is *Carbolic Acid*, which, from its cheapness and the facility of application, has become a most excellent and efficacious disinfectant.

Phenic acid, or phenylic alcohol, is usually accompanied by its congeners, xylic and cresylic alcohols, which adhere to it with great tenacity, and give it the property of becoming brown in contact with the air. For its purification, M. Muller has recourse to a partial neutralization, and afterwards to the fractional distillation of the product. The crude tar cedes to soda or lime water, a mixture of the matters before mentioned, as well as napthaline, which is soluble in concentrated solutions of the alkaline phenates. Water is added to this until it ceases to cause a precipitate, when the liquid is exposed in wide vessels, to facilitate the forma-

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tion of the brown bodies and their deposits. After filtering, the approximative quantity of organic matter held in solution is determined, formed principally of phenic and its congeners, which are easily displaced by acids. It was first christened carbolic acid by Runge, a German chemist, who discovered it in 1834. But it is not properly an acid; it is not sour, does not redden litmus paper, nor does it combine with alkalies any sooner than with acids; hence the names phenal, &c.

Phenic acid, when pure, occurs in beautiful transparent needle-form crystals. If the crystals be exposed to the air, in a few moments they absorb a very small quantity of moisture, and are transformed into an oily liquid, which is slightly heavier than water. Although the solid acid is so eager for water, it is satisfied with a very little, and is but slightly soluble in water. It has a burning taste, and a powerful and persistent odor, which people call smoky. It dissolves freely in alcohol, ether and oils, and is itself a powerful solvent of gum, resins, sulphur and phosphorus. We cannot more briefly indicate its more useful properties than to say it is often called creosote, and that it is as like the genuine creosote as two peas. It is a poison to all animals and plants, and is especially destructive to insects and their eggs. All vermin hate the smell of it, and get away from it as fast as they can. But, although it is certain death to the animal, it is kind to the dead body, for it may preserve that forever; any kind of flesh, which has been impregnated with phenic acid, refuses to decay and return to dust. When decay has commenced, by putrefaction or fermentation, phenic acid will stop it instanter, and prevent its recurrence.

Tests for Carbolic Acid.—Carbolic acid is now so largely used as a disinfectant, for which it is pre-eminently fitted, it appears that a spurious article, composed of oil of tar, utterly valueless as a disinfectant, is now being imposed on the public. Mr. W. Crookes directs attention to this fraud, as well as to the following means by which it may be detected. Commercial carbolic acid is soluble in from 25 to 70 parts of water, or in twice its bulk of a solution of caustic soda, while oil is often nearly insoluble. To apply these tests:

1. Put a teaspoonful of the carbolic acid in a bottle, pour on it half a pint of warm water, shake the bottle at intervals for half an hour, when the amount of oily residue will show the impurity.

2. Dissolve 1 part of caustic soda in 10 parts of warm water, and shake it up with 5 parts of carbolic acid: the residue indicating the amount of the impurity. These tests are not scientifically accurate, but sufficiently so for common use.

There has lately been published a treatise on this subject, entitled the Principles and Practice of Disinfection, by Roberts Bartholow, A. M., M. D., Prof. of Materia Medica in the Medical College of Ohio.

The chapters upon catheterism, injections, vaccination, the removal of foreign bodies, are next in order, and are all illustrated, concise, easily understood and well arranged. We notice that in the parts referring to the removal of foreign bodies from the larynx, the Doctor recommends

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the plan of holding the patient with his head downwards and slapping him on the back. This is a very important direction, and should be remembered. This method, if we recollect rightly, has been lately (certainly since this portion of Dr. Franklin's work was printed) published in some of the medical journals as entirely new, and three or four cases successfully treated are recorded. Certainly thus far Dr. Franklin may claim priority.

Part III. treats of the vexed question of Inflammation. This chapter follows closely Miller's Principles of Surgery, which, perhaps, all things considered, is one of the best essays on the subject that could be found. To merely *mention* the theories of Inflammation and its terminations, the consideration of hyperaemia, progressive and retrogressive metamorphosis, the homœoplastic new formations, the heteroplastic, heterostopic and hetero-chronic growths, necrobiosis and a hundred other changes, resulting directly or indirectly from the inflammatory process, would be of no avail to the student, and would embrace a space as large as the entire volume. So numerous have been the theories advanced to account for the symptoms of inflammation and inflammatory action, and so wide a field do they cover both in medicine and surgery, that some of the most distinguished authorities hesitate not to announce their inability to give a definition of the term. Paget, for instance, thus writes: "I shall not attempt to define inflammation in any set of terms, for as yet, we are not, I think, in a position to do this," and Mr. Miller inclines to the same opinion. Dr. Hammer, of this city, gives the following: "We define inflammation to be the irritation of a tissue, caused by an irritant agent, always followed by an efflux of nutrient fluid, with an increase of the formative process, and an increase of the tendency to degeneration of the same tissue." We are glad that Dr. Franklin, having in mind the *practical* rather than the *theoretical,* summarily disposes of the *theory*, and gives his attention to the symptoms and terminations of the inflammatory process, devoting twenty-six pages to the treatment, giving the indications tor the appropriate medicines as well as the local treatment. Mention is also made of the Allopathic treatment, which the Doctor concludes with the following quotation from Tanner's Practice of Medicine: "The conclusion appears evident, that in the treatment of acute inflammatory diseases, practitioners must be content to trust more to nature and less to heroic remedies than they have been in the habit of doing: for it is highly probable that, though we may be able to guide inflammations to a successful termination, yet we cannot cut them short. and any attempts to do so will *merely increase the patient's danger.*"

The succeeding parts of the work devoted to inflammatory products and consequences are followed by an article on pyemia, in which latter there is a very important quotation from the Surgeon General's Circular, No. 6. It is as follows: "The histories of 754 cases are recorded in the register, the post mortem observations accompanying a large proportion of the fatal cases. These number 719, or $95\frac{35}{100}$ per cent. Pyemia supervened in 377 cases of gun shot injury, in which no operation had been

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performed, and after 295 cases of amputation, of which 155 cases of amputation in the continuity of the Femur. The purulent infection was subsequent to the excision of the shafts of long bones in 27 cases and to excision of joints in 28 cases. It has been one of the great sources of mortality after amputations, and its victims are to be counted by thousands."

We next have a short treatise on the treatment of those fevers commonly met with by the Surgeon, which precedes "Textural Changes, the Effects of Heat and Cold and the Specific Forms of Inflammation." In the latter we observe with regret that when upon the subject of Erysipelas, no especial mention is made of the efficacy of Homœopathic treatment of the disease, which, in this affection, is so eminently useful.

The indications for the use of *Aconite*, *Bell.*, *Rhus tox.*, *Rhus rad.*, *Apis mel.*, or *Arsenicum*, are not given, excepting in a short quotation from a paper from the pen of Dr. Guilbert, of Dubuque, Iowa. This is most certainly an over-sight, and should be remedied in subsequent editions. If there be a disease which shows the superiority of the Homœopathic treatment over that of the old school, that disorder is Erysipelas. It was formerly our custom in the affection, to use local applications, but further and more accurate experience shows that the patients do better without any such topical means, save that of rye flour, which is useful, particularly in the latter stages, to allay itching. There are two facts also which are worth noting in this connection; one is, that persons liable to repeated attacks of erysipelas, when properly treated, are exempt from the danger of subsequent invasion; and the other, that the appropriate medicine must be given for *some time* before any marked change is noticed, in other words, the remedial agents must not be frequently changed.

The other specific forms of inflammation also receive a due share of attention, as Boil, Carbuncle and Malignant Pustule; after which follows a chapter on Tuberculosis, which latter has been given to the profession in the columns of the *Western Homœopathic Observer*.

The next portion of the work is that which treats of the venereal disease, and occupies one hundred and eighty-one pages. This portion of the book is very comprehensive, and treats of each of the varied forms of the disorder. In speaking of chancre, the Doctor adopts the classification of Bumstead, and denominates the soft and non-infecting sore—Chancroid:—the indurated sore—True Chancre. This, especially to the student, is servicable. The old-fashioned nomenclature of syphilis was rather perplexing, from the fact that the DUALITY of virus was not known or understood. Even the great syphilograph Ricord, in his early days, wrote in his celebrated "Letters," "up to the present time we are justified in *denying* the existence of more than *one* virus." It was Bassereau who ffrst stirred up the contest concerning the unity or duality of the virus, and no doubt it was difficult for so old and experienced a man as Ricord to change his views and his teachings. He has, however, certainly done this. In his last lectures upon chancre, he has the following positive language: "The chancre is no longer a morbid unit, but a mixed manifestation, belonging to TWO DISTINCT pathological species." The

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one of these is the simple chancre or chancroid, (as Dr. Franklin has it;) the other is the indurated or infecting chancre. The former is one "with a soft base, an affection *purely local*, which limits its effects to the region which it attacks, which *never* exercises a general influence upon the system, which is *never* accompanied by constitutional affections. In other words, it is a chancre which does not affect the economy—*a chancre without syphilis.*" How different is this from the views of the older pathologists when the celebrated Hunter, on the very same subject, thus speaks: "Experience teaches us that the venereal pus presents *no* variety of species, and that *no* difference can be produced in the manifestation of the disease in the malignity of the purulent matter. The same pus exercises on various individuals actions totally dissimilar from one another, the diverse nature of which depends on the constitution and the general state of the economy at the time of infection." Recent investigation and observation have proved other remarkable phenomena in the venereal disease, to all of which it is said that Ricord at present subscribes, one of which is the contagiousness of the secretions of secondary lesions and the blood, the second vaccinal syphilis.

The great importance of proper diagnostication in the two forms of chancre has led to the arrangement of a well drawn table, exhibiting the distinguishing marks of the two varieties of sore. Dr. Franklin has inserted this in his work, and it is of great service. The table is very similar to one we prepared in 1860, while reading the last lectures of Ricord, annoted by Fournier, and translated by Maunder, of London, which was published in the *United States Journal of Homœopathy* for August, 1861.

With such plain directions for making diagnosis as are found in the work we are reviewing, neither practitioner or student need be misled; therefore, in many instances, the proper local treatment will suffice. Our favorite caustic for the local one is the carbo-sulphuric paste of Ricord. It has never disappointed us, and is worthy of trial; of it Ricord thus speaks: "I have successively tried the Vienna paste, potass, nitric acid, the actual cautery, &c. All these have inconveniences, which I need not point out to you, inasmuch as I haved to propose to you a new agent particularly efficacious. This caustic consists of sulphuric acid, mixed with powdered vegetable charcoal in the proportions necessary to form a half solid paste." It is impossible to enter upon the treatment of the infecting chancre or the constitutional lesions and their treatment. We refer the reader to Dr. Franklin's book, and feel sure we can predict satisfaction from a perusal of its pages on this subject.

But we may pass on to what to us is the most interesting chapter in the work, viz: that upon Gun Shot Wounds. Herein the Doctor is enabled to give his own personal experience on a subject of great importance, and what is still more interesting to us, as Homœopathists, can give us statistics of both Homœopathic and Allopathic treatment. If we mistake not, we have read portions of the chapter before in the *North American Journal;* however, it matters not. In his book before us stand facts and figures. In speaking of the superiority of the old school over the new in the treat-

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ment of gun shot wounds, he says: "I am fully convinced that the per centage of mortality would have been considerably reduced if homœopathy had been admitted into the army and navy upon equal footing with allopathy. To illustrate more fully the force of this conviction, I may state that an entire ward of thirty beds in the U. S. Mound City General Hospital was set aside for the Homœopathic treatment of such cases as were declared by consultation of my assistant surgeons to be beyond the hope of recovery. This ward I took charge of, assisted by two other physicians of the same school as myself, viz: Drs. Pratte and Wales, and as the result of our practice, *more than 30 per cent of the patients given up by Allopathic medication as hopelessly lost*, RECOVERED under the Homœopathic treatment." This is as an experience which must be preserved for future use; this is an argument that may hereafter, when the circumstances call for its adduction, be of service to the Homœopathic school.

In this chapter upon gun shot wounds many very interesting cases, taken from the experience of the author, are recorded, and much enhance the interest of perusal.

In the treatment of fractures of the thigh, which, by the way, is a sort of scientific battle field, Dr. Franklin prefers the conservative plan, and records fifteen cases of compound fractures of the femur, with more or less comminution of the bone, of which *four* died, amputation having been performed *secondarily; ten* recovered who were left to the conservative process, and only *one* died during that process.

This great question as to the proper treatment of fractures of the femur appears to us, from our *reading*, (having had but very little experience in military surgery,) to settle itself down to the following: First. Do fractures of the thigh generally admit of a conservative treatment; or do they either sooner or later require amputation? Second. Which are the cases in which either of these courses should be preferred? Third. When amputation is deemed necessary from the *first*, ought it to be performed *immediately*, or is it better to wait until suppuration has ensued? According to the table of Dr. Franklin, the total of which we have just given, we find that ten recovered out of fifteen cases, and but *one* died during the conservative process.

The two remaining questions must be and will be for a time very difficult to properly solve, simply because the term *secondary* amputation is not understood by all surgeons in the same sense. It may signify:—In the case of a fracture for which amputation is judged indispensable from the first, *intentionally* to delay that operation, with the idea that if it be performed later, it will prove more successful, or on the other hand:—it may mean to attempt to re-unite the fragments of bone, and if the effort is unsuccessful and the patient's life is endangered, then to remove the limb. In our opinion, secondary amputation should be restricted to the latter.

With reference to primary and secondary amputations, we may give as an example the following table, compiled from the experience of a few of the most renowned military surgeons of the world:

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COMPARATIVE TABLE OF PRIMARY AND SECONDARY AMPUTATION.

	Primary.			Secondary.		
	Total No.	Cures.	Deaths.	Total No.	Cures.	Deaths.
Guthrie, after the battle of Toulouse	47	38	9	51	30	21
Ibid., attack on Orleans	45	38	7	7	2	5
Dupuytren	7	2	5			
Baron Larrey	13	11	2			
Roux (1830)	10	7	3	4	4	
Ibid., (1848) Feb	1	1		3	3	
Ibid., June	11	5	6	6	2	4
Ibid., says elsewhere in add'g all the figures.	23	13	10	9	6	3
Baudens	14	11	3	6		6
H. Larrey, (1830) Gros. Caillou	6	3	3	11	5	6
Ibid., (Siege of Antwerp)	54	45	9	10	5	5
Laroche Lyon (1834)	19	6	13			
Monod. (1848)	13	12	1	2		2
	263	192	71	109	57	52
Proportion of cures		73			52	

This experience certainly decides in favor of *primary* amputation in general. Now let us for a moment look to amputation of the thigh especially. We find from a comparison of cases, that the average of immediate amputation is 45 per cent, while secondary operations only furnish about 37 per cent.; and from consulting many tables which it would be unnecessary to record, we find, that taken altogether, comminuted fractures of the four limbs heal better after immediate amputations; that among fractures from gun shot wounds, those of the thigh present the least reparative power, and taking all things into consideration, primary amputations of the thigh present better results than secondary, which is also the opinion of our author, who remarks: "As a general principle, *primary* or *immediate* operations should be performed alike in *civil* as well as military hospitals." Now, with our understanding of primary and secondary amputation, the matter resolves itself to this: If there be, in the judgment of the surgeon, any chance for preserving the limb, save it; if not, *primary* amputation should be resorted to. In the cases reported by Dr. Franklin, four died after secondary operation, and we agree with him that perhaps half of that number would have been saved if primary amputation had been resorted to. But we have already extended this notice to greater limits than we intended. The subject is almost exhaustless, and so full of interest, that the mention of one one topic brings to mind others of greater import, until we find ourselves spending too much time on one point, while we overlook others of equal moment. There are many chapters which we have not noticed at all, and those to which we have alluded are so cursorily looked into, that we feel as though nothing had been done.

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The book is a good one, as a text-book on the specialty of which it treats, and should be introduced into all our colleges. And when the second volume makes its appearance it will make a compend of surgical literature, which will be alive in other editions when both the author and the reviewer are dust and ashes. We of the West are especially grateful for the work, and feel an interest in its welfare—not only on account of its worth or its intrinsic merits, but for this. The dedication reads: "To the Homœopathic Practitioners of America;" (and *this*) "especially to the Students of the Homœopathic Medical College of Missouri."

HELMUTH.

The Western Homœopathic Observer.

ST. LOUIS, NOVEMBER, 1867.

THE SUSPENSION OF DR. GARDNER FROM THE NEW YORK ACADEMY OF MEDICINE.

There has been a rumpus in the NEW YORK ACADEMY OF MEDICINE: its royal stomach has been made sick: a member has been suspended from this mighty conclave of medical wisdom and *liberality*. THE NEW YORK ACADEMY OF MEDICINE considering itself the ultimatum of all that is good and great, and wise and noble, and sanctified and just in medical science, has been aggrieved and insulted. Its laws of ethics have been violated; its moral dignity has been degraded; one of its members has been cast out; its doors have been shut; its members hold their nostrils from the ill-favored odor arising from the acts of one of its great men.

Dr. A. K. Gardner, a practitioner of over twenty years standing, a scholar and a gentleman of the highest respectability in the community; the translator of Scanzoni on "Diseases of Females;" the author of "The Causes and Curative nature of Sterility;" editor of "Tyler Smith's Lectures on Obstetrics;" Professor of Clinical Midwifery and Diseases of Women, in the New York Medical College; author of Monographs on "Ergot," "on Uterine Hemorrhage," "Ruptured Perineum;" permanent member of the National Medical Association; member of the Massachusetts Medical Society; member of the New York Pathological Society; Physician for Diseases of Women in the New York Northern Dispensary, &c., &c., &c.—this gentleman, we

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say, bearing all these titles, and who is widely known throughout the country, consulted with a Homœopathic Physician and WAS SUSPENDED—(hung by the neck until he was dead)—in the eyes of the Academy. For the glory and good of Homœopathy, for the spread of progress in medical reform, for the advancement of scientific liberality, and to the eternal shame and disgrace of the NEW YORK ACADEMY OF MEDICINE be this fact published wherever a periodical circulates, or where word of mouth can perpetuate it.

Dr. Gardner had an intimate friend—by name Dr. Bartlett—a physician of long standing, and who was a graduate moreover of that *wretchedly* regular school of medicine which denies liberality of speech, liberality of thought, liberality of act, liberality of deed, in fact ALL liberality which science and the nineteenth century would approve. Dr. Bartlett had seen fit, in addition to what he knew of old medicine, to study and practice according to the new school, and, with this learned friend, Dr. Gardner consented to consult in a case of disease. For this *act* he was suspended from that noble spirited association, THE NEW YORK ACADEMY OF MEDICINE. We thank God from this moment that we are not members of such an academy. Men—intelligent, learned, scientific and enlightened men—in this century will not, nor cannot be controlled by any such arbitrary jurisdiction as this so-called academy of medicine would assume. THE NEW YORK ACADEMY OF MEDICINE no doubt dictates to its members on what days they shall have mutton chops for breakfast, and on what mornings the matutinal meal shall consist of eggs. It, no doubt, chooses the politics of each of its members, and directs them to what church they must repair on Sunday to worship God *secundum artem;* it tells them how many buttons each man must wear on his waistcoat, and at what angle he must turn out his toes when walking; and if an unfortunate member should be found in any way derelict in any of the above rules he must be *suspended,* hung, decapitated, cut off from all social intercourse and left to die a miserable outcast. Out upon such acts as these! The public prints in this country will take up such intolerance; they have done so, and will do so again; the whole spirit of the age is against it; all the tendencies of the people are against it, and such acts will not go either unnoticed or without censure. The N. Y. *Times* of the 18th October, says:

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"MEDICAL PREJUDICE.—The hostility with which the 'regularly bred' physicians regard homœopathic practitioners, has always been a matter of public notoriety. It was never paraded with more bitterness than in the case of Dr. A. K. Gardner, a 'regular bred,' who was, on Wednesday evening last, formally suspended from membership with the New York Academy of Medicine, for having violated the rules of the Academy in holding consultations with Dr. Bartlett, a homœopathic practitioner. Dr. Gardner, when arraigned, did not deny the fact of such consultation, but alleged that Dr. Bartlett, although a homœopathist, was a graduate of a 'regular' college, was a physician of long practice, and was, moreover, his intimate friend. The debate on the question of suspension was very warm and somewhat lengthy, as each member in turn felt called upon to denounce the 'quacks,' as the homœopathists were termed. During the discussion, several members confessed that they also had committed the offense with which Dr. Gardner was charged, deeming it humane to do so. One member, interceding for the Doctor against whom such a horrible crime was charged, declared that suspension would be his professional ruin, and drew a terrible picture of his 'wandering alone in this great city, and dying a living death if shut out from the Academy.' As the accused gentleman has been a successful practitioner for over twenty years, it is hardly to be supposed that the vote of eleven gentlemen, although 'regular breds,' will crush him entirely. If he has fears of such a result, he has only to join the ranks of the homœopathists, who are nearly as numerous, and quite as respectable as the 'regulars.' While it is an open question alike with the public and the profession, which is right and which is wrong, it is indeed pitiful to see gentlemen of refinement and education allowing their prejudices to carry them to such lengths."

We hope that every Homœopathic periodical in this country will notice this expulsion; we hope that every Homœopathic physician, to whom these lines may come, or to whom they may be read, will give the matter publicity; we hope that, if possible, every country newspaper may record this act of the New York Academy of Medicine, and every other of a similar character that tells of its bigotry and intolerance. There can be no surer evidence of the spread of Homœopathy than such proceeding on the part of the old school; there can be no greater impetus given to that tremendous impulse, which is now shaking the medical world to its centre, the hair from the heads, and the bread and butter from the mouths of the calomelists; the poison from the shelves of the apothecaries, than the wide circulation

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of these allopathic anathemas and suspensions. That power which, but a few years since, began with the wonderful efficacy of an infinitesimal globule, so small as to be almost inappreciable to the senses, has increased its momentum until the whole civilized world—whether approving or otherwise—certainly *acknowledges*. We hope the New York Academy will ever, though inadvertently, yet nevertheless surely, thus push forward Homœopathy in the community.

NOTE.—While correcting proof of the above, we have received an extract from the New York *Tribune* of Oct. 21st, bearing upon the suspension of Dr. Gardner. We shall give it all the publicity we are able. H.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING NOVEMBER 1st, 1867.

Accidents	7	Hydrocephalus	8
Arachnitis	1	Hæmorrhage	5
Apoplexy	4	Hydrothorax	1
Atrophia	8	Inflammation	3
Angina Memb	1	Icterus Gravels	1
Abscess of Liver	2	Inanition	2
Albuminuria	2	Laryngitis	2
Ascites	1	Marasmus	24
Bronchitis	6	Measles	1
Bright's Disease	1	Meningites	28
Cancer	7	Mitretis	1
Cholera	142	Old Age	2
Cholera Infantum	58	Œdema, Pulmonary	1
Cholera Morbus	44	Pneumonia	18
Congestion	11	Premature Birth	5
Consumption	26	Pertussis	5
Convulsions	35	Poisoned	2
Croup	5	Paralysis	6
Congestive Chill	5	Peritiphylic	1
Cystitis	1	Pericatortis	1
Congestion of the Brain	6	Rheumatism	2
Colica Pectorum	1	Shot Wound	1
Cerebritis	8	Summer Complaint	5
Debility	20	Suicide	1
Delirium Tremens	5	Scarlatina	2
Diarrhœa	40	Still Born	30
Diphtheria	3	Second Syphilis	1
Dropsy	2	Stomatitis	3
Dysentery	35	Scalding	1
Enteritis	17	Suppression of Urine	1
Eclampsia	2	Softening of Brain	1
Encephcatitis	1	Teething	3
Erysipelas	2	Trismus	8
Embolism	1	Tetanus	2
Fever	59	Tracheitis	1
Fracture	3	Ulceration of Bowels	2
Gangrene	1	Whooping Cough	4
Gastritis	2		
Heart Disease	2	Grand Total	773
Hepatitis	11	Children under five years	275

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ERRATA.—In Dr. Hale's article, in October number, on page 217, 4th line from the bottom, for "Homœopathic" read *Allopathic.*

On page 218, 2d line from top, for "person" read *provers.*

On page 218, 13th line from bottom, for "purge" read *proving.*

On page 218, 4th line from bottom, for "Scaelatena" read *Scarlatina.*

In Dr. Gruber's article on "Erigeron in Gonorrhœa," August number, on page 172, 9th line from above, instead of "Tr. Acorn., Tr. Rad.," read *Tr. Acon. Rad.*

Same page, 7th line from below, instead of "Acorn., Rad.," read *Acon. Rad.*

On page 173, 4th line from above, instead of "Aquae Ros, ℥xiii," read *Aq. Ros.*, ℥*viii.*

Same page, 6th line from above, instead of "a teaspoon," read *a teaspoonful.*

On page 174, 7th line from above, instead of "also," read *slimy.*

Same page, 9th line from above, instead of "grs. 11," read *grs. ij.*

CLASSIFICATION OF A FEW OF THE "NEW REMEDIES," According to the Parts of the Body Acted Upon.

(*After the Plan of Bonninghausen.*)

BY TEMPLE S. HOYNE, M. D., CHICAGO.

(Continued from Page 216.)

Leucorrhœa, thick—Murex., Pod.

Leucorrhœa, greenish—Murex.

Leucorrhœa, bloody—Murex.

Leucorrhœa, transparent mucus—Pod.

Leucorrhœa, watery—Murex.

Prolapse Uteri—Pod.

Uterus, acute pain—Murex, tell.

Uterus, bearing down pain—Asc. s., pod., tell.

Uterus, cutting pain—Murex, tell.

Uterus, constrictive pain—Cact., murex.

Uterus, drawing pain—Aloes, caul., hel.

Uterus, intermittent contractions—Caul.

Uterus, labor-like pain—Alet., asc. s., caul., cimicif., pod.

Uterus, pressing pain—Alet., aloes, apoc. a.

Uterus, pulsating pain—Cact., murex.

Uterus, relaxation of os—Caul.

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Uterus, spasmodic pain—Caul.

Uterus, stitches—Tell.

Uterus, weight, region of—Alet., aloes, cimicif., gel., murex.

Before menses, symptoms most acute on the left side—Lith.

After menses, symptoms most acute on the right side—Lith.

Abortion—Alet., aloes, bap., caul., cimicif., erig., goss., sang., verat.

Itching of mons veneris—Eup. p.

Mammæ, burning in—Aes. h., cimicif., phy.

Mammæ, cold chills in—Cimicif.

Mammæ, inflammation of—Cist., phy.

Mammæ, swelling of—Hel., phy.

Mammæ, suppuration of—Cist., phy.

Mammæ, tenderness of—Hel.

Uterine ligaments—Cact., caul.

Excitement of genital organs—Murex.

Sensation of dilatation in labia majora—Murex.

Sensation as if the menses would come on—Gel., sang.

Sensation as if the uterus was congested—Caul.

Sensation in uterus as of a suppurating tumor—Cact.

LARYNX AND TRACHEA.

Remedies acting on—Aes. g., aes. h., aloes, apoc. c., arum, asc. t., bap., cact., cimicif., cist., com., erig., eup. p., gel., ham., hyd., iris, lach., lith., murex, phy., pod., rumex, sang., senec., stict., tell., trill., verat., xan.

Larynx, burning in—Apoc. c., eup. p., gel., lach., phy.

Larynx, cool feeling in—Cist.

Larynx, dryness of—Aes. h., gel., phy., sang.

Larynx, itching in—Cist.

Larynx, roughness in—Phy., tell.

Larynx, tickling in—Aes. h., bap., cact., cimicif., gel., hyd., iris, phy., rumex, sang., stict., tell.

Voice, changed—Rumex.

Voice, hoarse—Aes. h., aloes, arum, bap., cact., cimicif., eup. p., gel., hyd., iris, lach., murex, rumex, tell., xan.

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Voice, low—Cact., gel.

Voice, lost—Bap., gel.

Voice, thick—Aes. g., aloes, gel.

Voice, weak—Gel.

Cough, constant—Cimicif., hyd.

Cough, dry—Aes. h., aloes, apoc. c., asc. t., cact., cimicif., hyd., iris, lach., murex, phy., pod., sang., stict.

Cough, hacking—Aes. h., aloes, apoc. c., asc. t., cact., cimicif., eup. p., hyd., phy., pod.

Cough, loose—Arum, eup. p., pod., senec., stict., tell.

Cough, short—Aes. h., apoc. c., cimicif., iris, lith., tell.

Cough, spasmodic—Asc. t., cact.

Cough, brought on by talking—Aes. h., cimicif.

Cough, from tickling in larynx—Aes. h., aloes, bap., cact., cimicif., gel., hyd., lach., lith., phy., rumex, sang., tell.

Cough, occasioned by mucus in the throat—Aes. h.

Cough, without expectoration—Aloes, lith, sang.

Expectoration of blood—Aes. h., aloes, erig., ham., trill.

Expectoration, blood streaked—Lach., verat.

Expectoration, bitter mucus—Cist.

Expectoration, copious—Cact., lith., rumex, senec.

Expectoration, frothy mucus—Verat.

Expectoration like boiled starch—Cact.

Expectoration, tenacious mucus—Cact., rumex.

Expectoration, tough mucus—Aloes, xan.

Expectoration, thick mucus—Cact., sang.

Expectoration, white mucus—Apoc. c., stict., tell.

Expectoration, watery mucus—Aes. h.

Expectoration, yellow mucus—Apoc. c., cact.

Hawking—Aes. h., aloes, cist., hyd., lith., rumex. *(See Throat.)*

CHEST.

Remedies acting on—Aes. h., aloes, apoc. c., asc. t., bap., cact., cimicif., cist., com., dios., eup. p., gel., ham., iris, lach., lept., lith., murex, nup., phy., pod., rumex, sang., senec., stict., tell., trill., verat., xan.

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Right side of—Aes. h., aloes, asc. t., cimicif., gel., lach., phy., rumex, sang.

Left side of—Aes. h., aloes, asc. t., cact., cimicif., eup. p., gel., iris, lach., lept., murex, rumex, sang., tell., xan.

Chest, acute pain in—Aes. h., aloes, dap., cimcif., cact. com., dios., gel., iris, lach. murex, rumex, sang.

Chest, burning pain in—Aes. h., cact., eup.p., lach. murex., rumex, sang., verat.

Chest, constant pain—Zell., verat.

Chest, cutting pain in—Aloes, cimcif., lach. murex, rumex., sang., tell.

Chest, constrictive pain in—Asc. t., bap., gel., ham., hyd.

Chest, dull pain in (aching)—Aloes, asc. t., cact., eup.p., phy. rumex. sang., tell., verat.

Chest, drawing pain in (dragging)—Aloes, cact. com., dios., tell.

Chest, fullness in (sensation)—Aloes, cist. lach.

Chest, heat in (sensation)—Aes. h., asc. t., eup.p., lach.

Chest, itching of—Rumex.

Chest, heaviness in lungs—Aes. h., rumex., sang., verat.

Chest, lower part of—Cact. gel., ham.

Chest, lung, right—Aes. h., asc. t., cimcif., gel., pod.

Chest, lungs, base of—Asc. t., cimcif.

Chest, lungs, apex of—Cimcif., gel.

Chest, lungs, left. (?)

Chest, pressing pain in—Aloes, lach., lith., sang., tell.

Chest, pulsating pain in—Dios., rumex.

Chest, rawness in—Aes. h., cist. rumex.

Chest, shooting pain in—Aes. h., asc. t., com. gel., rumex. sang.

Chest, shooting pain, downward—Asc. t., com. gel.

Chest, sticking pain in—Aloes, iris., rumex., sang., tell.

Chest, stitches in—Aes. h., asc. t., cact. com., dios., gel., lach., sang., tell.

Chest, sore pain in (bruised)—Cimcif., com. eup.p., lith.

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Chest, snapping in the lung—Pod.

Chest, tightness in—Aes. h., aloes, asc. t., bap., cact., cist., hyd., lith., xan.

Chest, tenderness of spaces between the ribs—Asc. t.

Chest, pain extending from apex to base—Cimicif.

Chest, eruption, (see skin.)

Chest, upper part—Cact., gel., sang.

Chest, hemorrhage from lungs—Aloes, cist., ham., trill.

Respiration, anxious—Cist., eup.p., verat.

Respiration, arrested, from neuralgic pain in region of the the breast—Aes. h., cact.

Respiration, almost imperceptible—Gel.

Respiration, hurried—Asc. t., gel.

Respiration, labored—Aes. h., apoc. c., bap., cact., gel., ham., xan.

Respiration, oppressed—Aloes, asc. t., apoc. c., bap., cact., eup.p., gel., murex., rumex., sang., stict., tell., verat., xan.

Respiration, painful—Asc. t., bap., gel.

Respiration, rapid—Aes. h., gel.

Respiration, slow—Gel., verat.

Respiration, short—Aloes, apoc. c., hyd., phy., pod., xan.

Respiration, sighing—Gel.

Respiration, wheezing—Aloes, cist., rumex.

Cannot get a full breath—Aloes, asc. t., bap., ham., iris., xan.

Inspiration, long, with croupy sound—Gel.

Inspiration, deep—Lach.

Inspiration, air feels cold—Lith.

Expiration, sudden and forcible—Gel.

Inclination to take a long breath—Com., pod., rumex., sang., xan.

Unable to take a deep inspiration when standing—Ham.

Remedies acting, region of the heart—Aes. h., aloes, asc. t., bap., cact., gel., ham., hel., lept., lith., phy., pod., rumex., sang., stict., tell., verat.

Palpitation of the heart—Aes. h., aloes, asc. t., bap., cact., hyd., lith., murex., pod., rumex., sang., tell., verat.

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THE WESTERN

HOMŒOPATHIC OBSERVER.

VOL. IV. ST. LOUIS, DECEMBER, 1867. No. 12.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.

All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.

Original Articles.

INTRODUCTORY LECTURE.

At the Good Samaritan Hospital, by Wm. Tod Helmuth, M. D. one of the Surgeons of the Institution.

STUDENTS OF MEDICINE:—GENTLEMEN:

Our object in meeting together in this charitable Instiution invites considerations of a highly important character. In the Lecture Room, and in the more private recesses of our closets we are engaged in the prosecution of studies, the truth and utility of which, opportunities are here afforded of testing and verifying.

The Practitioner of Medicine and Surgery has always occupied a high rank in social estimation. Nor is such estimate undeserved or fictitious, when we reflect upon the long probation of a lifetime of diligent study and experiment, and of the magnitude of the responsibilities which appertain to his vocation.

The various pursuits which engage the attention of mankind either for pleasure or pecuniary reward, while indispensible to the human family individually or collectively, are far less important in aim and are more contracted and selfish in motive.

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The Physician is *ex necessitate*, a philanthropist; when called upon to administer to the sufferings of his fellow men he is not to be deterred by considerations of convenience, comfort or emolument from affording the necessary relief;—to him alike are all hours and all times, the night as the day—the storm or the sunshine. He must likewise breathe the air which either conduces to life, or that tainted with the death inflicting pestilence.

Exposed therefore to dangers within and without, and a small tithe only of his brief lifetime permitted for recreation or what are deemed the ordinary pleasures of life; the end of so much sacrifice and denial certainly should be of magnitude, as surely it is—*viz*: Not only to relieve the sufferings to which the human frame is liable, but to snatch many victims from the embraces of death itself.

What then are the means by which is to be obtained a capability to discharge the duties which belongs to a station so responsible? To this query it is replied, diligent and persevering study, profound observation and much reflection.

Books are to be patiently and untiringly read and from their voluminous contents are to be acquired the recorded thoughts and experience of a thousand names of those who in the different eras of the world shed a flood of light upon the various branches of science. The facts which they detail are to be confirmed by the experience, observation and experiments obtained and made in the laboratory, the dissecting room, and if practical medicine and surgery be the chief aims, *at the bedside* of the sick.

It is at this latter position only that the physician is to acquire that practical knowledge, which enables him to fulfill the duties of his profession. He is here to obtain an accurate knowledge of those morbid phenomena with which he has to contend and which it will be his endeavor to conquer. These aberrations constitute the *Science of Pathology* or the symptoms of disease, an acquaintance with which necessarily presupposes a knowledge of the phenomena presented in health or the *Science of Physiology*.

Within the term *Pathology* is included ALL morbid phenomena or all the symptoms of disease. This definition is not confined to those alterations of structure observed in post mortem examnations, or as presented to the eye when such anatomical changes

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are taking place externally, these constituting only a very inconsiderable portion of true Pathology. So much importance is attached, by allopathic practitioners to the mere abnormal appearance that these of themselves are supposed to cover the entire field. I would have you therefore bear this distinctly in your minds and confine yourselves strictly to the idea and phraseology of morbid alterations of structure as being only an *item* to the wide-spread significancy of Pathological science. Morbid alterations, indeed, are rather the *effect* of disease than disease itself, and the object of the Physician is to prevent these changes by prescribing for the morbid actions which produce them. An object attained by a close observance of the symptoms which accompany or precede these abnormal alterations.

Allopathy, with its imperfect means of cure and its massive and torturing doses and appliances, and with its coarse conceptions of disease, eagerly fastens its vision upon these *results*, and instead of regarding them as consequences to be prevented, considers them as *disease itself* and devotes all its energies to their removal.

By these remarks upon morbid alterations, let me not be understood as meaning to express the opinion that they are to be disregarded; on the contrary, while attaching to them their full importance, I would caution you against prescribing for their supposed or positive existence as disease itself, irrespective of other symptoms or signs.

The law, *similia similibus curantur*, points to the necessity of an exact correspondence between the symptoms of disease, and it is this harmony of action which it is the duty of the physician to discover. The more exact is his knowledge of all the collateral branches of medicine, the better qualified will he be to detect this union; without such knowledge, although he may often cure, he must often fail, and can only be regarded as a successful empiric. Such an intelligent perception therefore, is to be acquired at the bedside of the sick, and the varied groups of morbid phenomena which disease presents, are for study more conveniently and in greater number to be found in the wards of a Hospital. Opportunities for the study of acute as well as chronic disease are here presented; for the most part

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in the former, and most fortunate for mankind is it, that the symptoms exhibited are strongly marked, and thus are easily detected—the means for their subjugation being applied with that readiness which the urgency of the circumstances demands. But it is the latter (chronic) which harass and wear out in their tedious complications, the victims of their attacks, and which by their Protean forms, perplex aud embarrass the most erudite and experienced. It is in the successful treatment of these cases gentlemen, that the learned physician is to be distinguished from the pretender. It is upon these that all the energies of mind are to be concentrated. No species of knowledge may be too remote, nor any amount however vast, sufficient. Etiology, physiology, chemistry, anatomy, psychology, meteorology, together with all branches of natural philosophy are to be put in requistion.

In the infancy of medicine, before the nature of disease was attempted to be fathomed, or before any hypotheses were concocted for its elucidation, men confined themselves to the application of simples, to naked clinical experience, or simple empiricism, and as the qualities of medicinal agents, whether animal, mineral or vegetable could only be imperfectly ascertained, such defective or limited knowledge often failed in the desired effects. Various medicines were compounded and administered thus united; in most instances heterogeneous, of varied powers, and of most conflicting qualities; indeed the student of medicine is not only astonished but amazed at the long catalogue of drugs and other ingredients which are found in works which in their day were consulted as authorative. That such villainous compounds (a single prescription often comprising more than a hundred ingredients,) could have been swallowed or confided in, is a cause of the most unqualified astonishment.

Compound prescriptions therefore are the result of improper knowledge, and although at the present allopathic era, trimmed down and divested of ingredients which a more refined and intelligent age proscribes; their still various and varied components together with their *rationale*—very ingenious and plausible to be sure—are still, as they ever have been the recourse of error and ignorance, now all the more strongly marked since the discovery of the law of similia.

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When hypotheses of disease were elaborated, an artifical arrangement was given to the different articles of the Materia Medica according to a supposed quality of the different drugs to subdue morbid processes, not however with reference to a similarity but to a contrariety of action. The student of medicine in perusing the various works of the present day, either those of a standard character or such as are merely ephemeral, cannot fail to observe with what eagerness new medicines are recomended upon the most meager and imperfect trials for the cure of peculiar ailments and how ingeniously are enrolled under some section or other of the Materia Medica, being thereby made to conform in their action to some one or other of the artificial order of diseases.

These remarks are made with the view, to show that the discovery of specifics, however the truth may be disguised or the fact controverted, ever has been and still continues to be the constant aim of practical physicians, and this endeavor standing so prominently forward, it is the more surprising that the only law (the law of simile) ever yet detected, by which medicines can be scientifically and certainly applied, meets with such determined and rancorous opposition.

In this Institution you have abundant opportunity for observing the effects of this great law of cure, and as you walk the wards from week to week you will have a fair example of the success of the treatment.

But other very important branches of medicine are also here to be exemplified, and first among these is surgery. To witness a well performed surgical operation is more important to the student than all the reading he may possibly bring to bear upon the subject, and in the wards of this hospital you will have abundant opportunity offered you for such practical knowledge. Almost daily we receive here patients who are affected with surgical diseases, some of them of the most grave character; the treatment of accidents and injuries will also be laid before you and especial attention had to the after treatment according to homœopathic law. We do not profess to set a fracture with the third potency of Nux Vomica, or to reduce a dislocation with the olfaction of Sulphur, any more than an allopathic surgeon would resort to medicinal means to cure the same affections, and

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yet strange to say, because the homœpathist does not resort to these means, an argument is brought against the law we profess in the cure of diseases.

We have treated in this hospital all varieties of fractures; amputations, operations for stone, excisions of bone and all the capital operations have been performed before the students of our College, and with a success which has been of a most gratifying character.

With these few hasty remarks, we will proceed to the examination of the patients.

("SPECIALIS GRATIA")—ALIAS "SAM A. JONES, M. D."

BY JOHN T. TEMPLE, M. D.

In the November number of the *Medical Investigator*, published in Chicago, we have this day read an article signed "Sam A. Jones, M. D., Specialis Gratia."

We have read the communication carefully, twice. It is by no means a common production, and we are induced to notice it, not because of its contents, but on account of its vacuity.

In the first place, we are accused of deserting Hahnemann's doctrines, having gone into the domain of absurdity.

In the second place, he does not tell us what *Dynamics* are, but accuses us of being deranged for teaching that Homœopathy is based upon a *knowledge of the Dynamic Power*.

In the third place, he does not tell us what the Organon teaches, but accuses us of profound ignorance of its contents.

In the fourth place, he accuses us of ignorance "of the very meaning of Homœopathy," but does not tell us what it does mean. He asserts that dynamism was a "theory of Hahnemann's, the tail piece of his life work," but does not tell us how Homœopathy could exist without it.

In the fifth place, he says, "that while God made the great therapeutic law," "Hahnemann made the 'dynamic theory'—that the one is demonstrable, the other is not."

He recognizes "Homœopathy as Hahneman saw it, *as he taught it*, as we received it." But Sam don't tell us *how* Hahnemann saw it, or taught it, or *how* he (Sam) received it. In his

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conclusion we are admonished to "teach dynamism if you will, but call it dynamism and leave Homœopathy to those who know what it is."

Sam. A. Jones has told the readers of the *Investigator*, that he is a *young man*, and we are convinced from his article that his statement will not be called in question. As it is our business to teach *young men*, we feel it a duty we owe Sam, to give him a short lecture, in hopes that he may learn first principles, and not again expose himself, ("Specialis Gratia.")

As Sam appears to have great respect for Hahnemann, we shall quote from him, not doubting that he will be received as good authority.

In the three great kingdoms of Nature, the animal, the vegetable and the mineral, we find the individual members of all the families in these kingdoms possessed of two properties, a visible material existence, and an invisible immaterial force or power; the one subject to chemical analysis—the other defying chemical tests and analysis, and only manifesting their properties, by the action produced on organized bodies. The chemical elementary composition of bodies gives us no idea of their physiological action—indeed on the contrary, bodies composed of the same elements, in the same proportions have not the same action on the organism when they are subjected to experiment, and this fact arises from the dissimilar *dynamic* power possessed by these bodies. It is not surprising that youth and inexperience should oppose, and even deny the principle of dynamization.

In the beginning of the present century, posology was decidedly heroic. "Pharmaceutical chemistry had not yet discovered the essential principles of drugs." The microscope was still a rude and primitive instrument; quantitative chemical analysis had not attained any great development; much less was there any thought of applying, as is now done, the reactive susceptibility of the living organism to detect through its specific affinities, particles of matter so small as to elude the microscope and the chemist." Hahnemann proved to the satisfaction of all Homœopaths that the first dilution or trituration of any drug contained a more efficient curative power than massive doses. "This demonstration was made long before high dilutions were

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used, thus showing that the curative power of drugs is not in proportion to their material quantity, and thus *established* the first principle of the dynamic theory."

"When furthermore he showed to the demonstration of all Homœopaths, that substances which in their crude state exert no medicinal power, such as gold, charcoal, tin, common salt, &c., &c., do after dilution, trituration, or pontization, come to possess a medicinal power, he demonstrated in part the second principle of the dynamization theory."

Prof. Hoppe of the University of Basle, an allopath, says, "that the two great events in Medicine since the early ages have been these discoveries of Hahnemann:

1st. "That for every individual case of disease, the specific remedy, the *individual*—specific remedy must be sought for and found, and that thus in every individual case of disease, the process of cure, is a process of discovery."

2d. "The discovery of Hahnemann, that the remedy acts in small, very small doses, in smaller doses than any one has hitherto imagined, and that in these very small doses it may act more powerfully than in large doses. *A discovery*" says Dr. Hoppe, "*which surpasses in brilliancy* all of Hahnemann's *other achievements.*"

We ask Sam. to turn over to the 97th page of the Organon, 4th American edition, Paragraphs 9, 10, and 12, and see if he *cannot* find something about dynamic power, not as a theoretic suggestion, but as a solid fact. On the 99th page will be found the declaration that "curative medicines possess the faculty of restoring, and do actually restore health, with concomitant functional harmony, by a *dynamic influence only, &c., &c.*"

The great therapeutic law of similia, similibus, curantur was not a discovery of Hahnemann's and never claimed by him. It was known to Hypocrates, Van Helmont, Stork, Paracelsus and many of the Old Fathers in Allopathy, but the knowledge of it did not profit them, and could not have profited Hahnemann, without the brilliant discovery of dynamization. Take away the knowledge of Dynanics from the Profession, and the great Law of Therapeutics would remain as it did from the days of Hypocrates, until the discovery of dynamiza-

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tion, a useless law, because of the danger of its application—and Homœopathy would have no existence, because it would have no basis on which to rest.

In closing this short notice of Specialis Gratia, we must say that it would be very difficult to find any communication of the same length, so full of arrogancy, and assertion—and so utterly destitute of reason or logic. We will say farther, that for this second attack on our School, through me, the Faculty return sincere thanks, as they ask investigation of all they teach, and every attack on our School tends to notoriety, and the wider dissemination of our doctrines. Finally, let us declare to Sam A. Jones and all others, that our School has never pretended to give brains to any body, and that if the great truths as taught by Hahnemann, and as we think our School teaches them, cannot be comprehended by some young men, surely we should not be held responsible.

The rapid growth of our Class, and the success of our Graduates in practice, are the best guarantee we can have of the Truth we promulgate.

For Sam's encouragement in his aspiration for a critic's fame, we quote the following lines from Pope:

> "Some men for Wits, then Poets, pass,
> Turn Critics next, and prove plain fools at last,
> Some neither can * * * * pass,
> As heavy Mules, are neither Horse nor Ass."

HYPODERMIC INJECTIONS IN CONGESTIVE FEVER.

BY W. H. BURT, M. D., OF LINCOLN, ILLS.

Mr. W. L., æt. 19; temperament, bilious; very large young man. Aug. 13th, was called in the evening to prescribe for the following symptoms: In the forenoon said he did not feel well, but went down town a short time, returned at 11 A. M. and retired to bed; said his head ached and felt light and dizzy, with nausea and great langor; remained about the same until 4 P. M., when he gradually grew worse. At 7 P.M. I found him in a comatose state, but easily aroused by speaking to him, when he would commence to have spasms of the legs and arms, with wild deli-

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rium and a determination to get off from the bed; had to be held on; pulse slow and heavy—65 per minute. I was at a loss to know what was the difficulty with my patient; he had been playing base ball for several days in the hot sun, with the thermometer 92 in the shade. I thought it was *coup de soleil.* Treatment: Belladonna 3 dec. in water every hour through the night.

14th—Found my patient quite comfortable; became rational about midnight, and slept; vomited once in the night. One thing troubled me, his pulse was only 55, and rather weak; his tongue had a yellow thick coating upon it; no appetite; urinated in the night once, discharging an immense amount of urine. Gave merc. cor., 3 dec. every two hours. 1 P. M. called in great haste, with the word that my patient was dying; I found that he remained the same as he was in the morning until noon, when he commenced to have a chill; he was now deathly cold, no pulse could be felt, constant spasms, both tonic and clonic, affecting the muscles of his neck, chest, arms and legs, accompanied with delirium and stupor; when in the stupor the least noise would bring on terrible spasms. It was a great task for two men to hold him in bed, he being such a strong muscular man. A large mustard plaster was applied to his bowels, ice to the head, and four assistants rubbed his extremities constantly with mustard water. I tried to get him to take some veratrum v. and belladonna every half hour until 4 P. M., but the least effort to make him take the medicine would bring on the spasms, with nausea and vomiting. The case looked desperate. All my efforts seemed to be worthless. I now thought of chloroform; procured some immediately; dropped it on the pillow close to his nostrils, and the effect was most pleasing; the spasms were at once controlled, and he lay in an insensible condition until 6 P. M., when the chill left him, and his pulse rose to 130 per minute, with mild delirium. I now gave gels., five drops every hour until 10 P.M. The fever was now fast abating; but I knew what tomorrow would bring forth, and that without some energetic measures were taken to arrest the next chill he would certainly die. He was one of those sensitive patients that could not take anything in the form of medicine without vomiting; I informed his father that if we allowed him to have another chill that I believed

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he would die before reaction could take place, and I dare not risk any medicine but quinine, which he declared he could not take. I then informed him, if he would allow me, I would inject it under the skin, and it would have a better effect than to take it in the usual way; he gladly assented to the use of the hypodermic injections. I weighed out carefully 10 grains of the sulphate of quinine, and divided it into three doses, and injected it under the skin of the arm over the biceps muscle at 10 P. M., 4 A. M., and 10 A. M., and waited the result with the most intense anxiety. My patient being the son of our ex-sheriff, the excitement in town was great; report had it that I was injecting quinine into his veins, and the *infernal allopaths* said I was murdering him—he could not live under such barbarous treatment. 1 o'clock P. M. came, my patient had the least shadow of a chill for a few minutes, no spasms, no delirium, but slight fever until 4 p. m., when he was about free from fever and wished to have some supper. I omitted to state that he perspired *profusely* from 12 P.M. to 12 A.M., and I believe it was the effect of the quinine in a great measure. I could not get him to let me inject any more of the medicine under the skin, the acid in which the quinine was dissolved made his arm too sore, but he now was willing to take it in apples; gave four two-grain powders to be taken every four hours. Patient had no more chills or fever, but convalesced rapidly.

Remarks: This is the first case of congestive fever I ever treated with hypodermic injections, and I believe the first one on record. The result was so favorable with the use of so little medicine, that I would urge the profession to give it a thorough trial in this dreaded disease. In yellow fever and the collapsed stage of cholera it ought to be tried. If I had another similar case I would use fifteen grains in three doses; first two injections I would use three grains at a time, the last one nine. I would try and use water instead of the acid to dissolve the quinine. The acid excites too much inflammation. I have used muriatic, nitric and phosphoric acid hypodermically. The muriatic acid gets up the least inflammation of the three. Suppuration never follows the use of the hypodermic syringe, so far as I have used it. No syringe ought to be used but one made expressly for that purpose.

NOTE.—Dr. Burt is in error. There are many cases of Congestive Intermittent,

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which have been treated with the hypodermic injection of *Quinia*, and deaths *also are recorded from its use*—Tetanus having been produced by the operation. The syringe has also been put into operation for the treatment of collapsed Cholera, in which solutions of *Atropine* were employed. It has also been extensively used by the Allopathists for Puerperal Peritonitis, Puerperal Convulsions, after surgical operations, and for many forms of Intermittent Neuralgia. The Doctor would find it difficult to dissolve Quinine in water—it requiring about 750 parts at 54° F. Ia may be dissolved in 60 parts of cold alcohol, but the diluted acids dissolve it with greatest facility.—EDITOR.

Translated Articles.

CARDINAL PRINCIPLES OF HOMŒOPATHY.

The following four maxims were adopted as the "Cardinal Principles of Homœopathy" at the last annual meeting—being the 36th—of the *Central Verein Homœopathischer Aerzte Deutschlands*, held at Leipsic on the 9th and 10th of August, 1867:

1. "The law of similarity; S. S. C. is the law of nature, the supreme law of cure of Homœopathy."

2. "In order to apply the law S. S. C. effectually, it is an indispensable necessity, and moreover a vital question to Homœopathy, to have provings of drugs on healthy persons, of both sexes, and of every age, according to the rules of scientific investigations and observations. To the integration and completion of drug provings, we do not exclude the symptoms caused by poisoning, and those observed by the abuse of massive doses of single medicinal agents on the sick; also, drug provings on animals can, with circumspection and the necessary data of their origin, be made useful."

3. "The administration of a single proved remedy, at the time, in a given case, we acknowledge as a fundamental principle of Homœopathy."

4. "The scale of the preparations of medicines from the non-attenuated substance, up to the highest attenuation, must be left to the discretion of the physician."

NOTE.—The meeting was unanimous in the adoption of these principles, and, of course will bear great weight with the profession throughout the world wherever Homœopathy is known. But whether the *Rationalists*, the *Eclectic-Homœopathists*, and the *extreme High Dilutionists* will accept this confession of faith or not, the future will determine. To our mind, the platform is broad and liberal, scientific and progressive, anti-dogmatic, and anti-fanatic, and should be adopted by all medical societies, and faculties of medical colleges of our country.—*Translator.*

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SUBCUTANEOUS INJECTIONS.

ASTHMA NERVOSUM.—Dr. Wolf, of Altkirchen refers a case, whereby means of subcutaneous injections of *Morph. Hydrochl.* ½ gr., in the centre of the sternum, the patient experienced immediate relief. Patient, who was not able to lay down, was, in a few minutes enabled to take that posture, and soon fell into a sound sleep. This case was of several years duration, attacks occurring every two or three months.

ISCHIAS.—A case of six years standing; patient forty-eight years of age. Injection points: the regions of *Tuber Ischii*, and Malleolus Exter.; ½ gr. *Morph. Hydrochl.*, repeated twice a week. Relief followed after a few minutes. The patient took internally for about six weeks. Kali jod., then Ferr. hydrag. reduc., and a complete cure was the result.

ISCHIAS—of left leg. Injection point, Trochanter major; ½ gr. *Morph. Hydrochl.*, on 4th, 7th, 10th and 13th Septbr. were sufficient to enable the patient to walk two miles. After too great exertions a relapse, but four more injections were made, and patient has been well ever since.

HOMŒOPATHIC PROVINGS RECOGNIZED BY THE ALLOPATHIC SCHOOL.—Dr. Husemann, of Goettingen, has written a very elaborate article on Nitro Glycerine, for *Schmidt's Jahrbucher*, vol. 134, 1867, in which he cites the provings of Glonoine, by Hering and others, in such a manner, that the Nestor of Homœopathy and all Homœopathic physicians must be highly gratified. Will the "Regulars" of America countenance the able pen, and really interesting labor of Dr. H., or will they denounce it and him, and not recognize him as one worthy of their consideration, because he quotes from Homœopathic works?

GUACO, which has been used by Dr. Robert in Syphilis, with very fine results, has lately been tested in the hospital of *Wieden* with the following results: "Tincture GUACO is undoubtedly a very good remedy in the treatment of chancres. The treatment consists of applying the tincture with a camel hair brush *twice a day* to the ulcer. The time for the cure with this remedy is much shorter then with other caustic remedies. The wash with *Aq. Plumb.*, as advised by Robert, is unnecessary. The *Guaco*

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does not act corrodent, it exhibits a neutralizing effect; it causes, for a few seconds burning, but leaves no scab like caustic."

Tabes Dorsualis—*Argent. Nitr.*—A very interesting case; Patient about fifty-seven years old; for six years suffering from Tabes Dorsualis, and continually getting worse, &c. Dr. Eulenberg, of Berlin, gave *Argent. Nitr.* $\frac{1}{2}$ *gr.* five times a day for five months. Patient recovered all his functions entirely, even *erection, which was for four years entirely suppressed.* Dr. E. introduced his recovered patient ten months after the recovery to the Berlin Medical Society.

Tetanus.—Dr. Kirch relates a case of a most violent character in a boy of thirteen years, where *Narcein* $\frac{1}{6}$ gr. effected a complete cure in six days. He gives the case in detail in the *Memorabilien, 1866,* and is certainly of great interest. Morph. acet. and Zinc oxyd. were of no benefit whatever.

Lithin is recommended by Garrad as a most valuable remedy in *Chronic Gout.* It relieves and shortens the paroxysms, and also effects a cure. As a prophylactic it is also very valuable.

Dr. Goullon's splendid botanical work is now completed. Who, of our enterprising publishers of Homœopathic literature, will publish it in the English language? If it pays to put such a work in the book trade in Germany, where there are only six hundred Homœopathic physicians, it *ought* to pay in this country with over three thousand followers of Hahnemann.

Remedy for Extensive Burns.—Wyslet (*Gaz. Med. Strassburg*) recommends an oil bath for such burns. Place the patient immediately in a bath of Olive Oil, let him remain from eight to sixteen hours. At first cold, then warm—the temperature should never be higher than from ten to eighteen deg. *Reaumur.*

Uselessness of Mercury in Syphilis.—At a meeting of the *Societe Imperiale de Chirurgie,* Despres made the following remarks: "Gentlemen—I will establish by statistics, gathered from the observations during twenty months of my attendance at my ward in the Hospital Louveine, that Quicksilver, in the treatment of Syphilis—of the primary and secondary phenomena—is worthless. I also propose to disprove, from observation,

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all those assertions which are advanced in favor of Mercury; and then I will elucidate upon the physiological-therapeutic action of Mercury." According to Despres' statistics, there are nine per cent. not cured of those who were treated *without* Mercury, and twenty-eight per cent. not cured of those who were treated with Mercury. Dr. D. says, his statistical statement is an annihilator of Mercury, but, says he, "I do not know how it will be assaulted, yet I do know how I shall defend it."

NOTE.—Some interesting discussions are expected upon this subject, and, no doubt, Despres will have to fight the whole medical faculty of France. But if close observations and authentic statistics are of any value at all, to prove anything in medical science, then Despres will be the victor.—*Translator.*

The Western Homœopathic Observer.

ST. LOUIS, DECEMBER, 1867.

HIGH POTENCIES AND INTERMITTENT FEVERS.

The cure of intermittent fevers has always been a source of more or less general dissatisfaction and trouble among the profession. Even the *temporary* suppression of an ague paroxysm is not always an easy task, and it frequently happens that the means employed are not only inefficient, but produce such disastrous effects upon the economy, that a lifetime is scarcely sufficient to entirely recover from the treatment imployed. We have heard the opinion expressed by one of the best homœopathic Physicians in this country;—that it was his belief that a constitution once undermined by severe intermittent fever and violent and inapproprate treatment, scarcely ever recovered entirely from the mixture of malaria and medicine. The hundred nostrums that are in vogue among the people, that are advertised in our daily periodicals, and posted about the streets of our large cities; nay, even hundreds of miles on our lines of railways, on the fences and rocks and trees ;—that are found in the largest drug establishments of the metropolis, and in the smallest store in the country village,—all indicate the difficulty of which we speak and which is more or less appreciated by every physician whether of the old or new school.

In the treatment of intermittents there can be no doubt of the efficacy of cinchona bark and its alkaloid when it is properly indicated. The Homœopathic Physician above all others should be aware of this fact. To it we are indebted deeply, for it directed the mind of Hahnemann towards the discovery of the law which guides us in the selection of all our medicines for all diseases. But we of this age who are so familiar with the use

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of cinchona and alas! so fully convinced of its abuses, perhaps are not aware of the good that it has accomplished.

The following table will point out more fully our meaning.

In seven years before the use of bark, that is from the year 1629 to 1636 there died,

Of Measles.....210 or 1 in 374⅛ of all who died.
" Consumption 15,513 or 1 in 3 1/13 " " " "
" Ague.....10,484 or 1 in 4½ " " " "

The next seven years from 1653 to 1660 when bark was coming into use show the following:

There died of Measles.....399 or 1 in 259.
" " " Consumption 23,707 or 1 in 2 9/11
" " " Ague.....10,466 or 1 in 6⅛

Making a difference of from 1 in 4½ to 1 in 6⅛.

Now passing over 80 years and taking seven years from 1734 to 1742 the results are.

There died of Measles.....1,937 or 1 in 112
" " " Consumption 35,650 or 1 in 3 5/18
" " " Ague.....31 or 1 in 3,997

These figures, which are to be found in Dr. Rutherfurd Russell's "History and Heroes of the Art of Medicine," are of the most significant import, and with such facts it will easily be understood how bark became abused: how it was universally sought after: how it became an ingredient of every febrifuge, until every sick man called for the "Jesuits Powder" and took it, whether it was appropriate or otherwise.

The Homœopathic physician, has however (thanks to the bark) other indications for the selection of medicines for intermittents, than the mere appearance of a paroxysm consisting of a chill, a fever and a sweat, all more or less appreciable and occuring with an apyrexia of longer or shorter duration, He has the hundred symtoms which occur before, during or after the paroxysm, the manifestations during the apyrexia, the character of the thirst, the chill, the fever, or the sweat, which, when properly examined, and the similar medicine administered, will be certain to disapear. It is the multiplicity of symptoms which perplex the mind; it is the ever varying character of the paroxysms which discourage the physician.

We have been led to these remarks by some experiments which we have lately been making with homœopathic medicines, and largely diluted ones too, in the recent and almost epidemic intermittent fevers which have been prevailing throughout the west. We have endeavored to be perfectly fair in the expression of our opinion, and to state none but positive facts. In some instances the potencies, the tinctures or both, have failed,—probably from our own ignorance or inability to select appropriate medicine,—and Quinine had to be administered to "break the chills." In other cases where the quinine failed, a single dose of medicine produced the desired results. The first case was that of a lady who had been

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for several years afflected with intermittent fever. She had tried many physicians. The paroxysms had been surpressed with quinine. Allopathic physicans had prescribed it in a great variety of solutions and pills; iron and compound tincture of bark and Fowlers solution, had also been exhibited, She was much discouraged, somewhat emaciated, the fever had reappeared with the tertian type, with excessive bone pains, intense thirst, and profuse and very debilitating sweat. In this case, as just then we had been putting the "potencies" to the severest test of practical experience, we prescribed the two hundredth of *Arsenicum;* thus—one powder immediately before the expected paroxysm, and one after it—during the apyrexia, placebo. A very severe paroxysm, perfectly developed in every feature followed this treatment, and from that time to the present there has been no return.

This result was so satisfactory that other cases were put to the test. A gentleman and his daughter were both suffering from intermittents. They resided some eight miles in the country and had been subject to frequent attacks of malarious fevers. They had been cured also with homœopathic medicine; the daughter with *Natrum mur.*; the father, *Ipecac* 2 trit. The symptoms were as follows. The gentleman's paroxysms were tertian and accompanied with great gastric disturbance, with colic and vomiting, twisting pain in the bowels, great thirst and severe headache. Taking into consideration the character of the abdominal pains, the nausea, vomiting and headache, two powders were administered of *Ipecac* 200th. He has not suffered since although *Nux* was necessary to complete the cure.

The daughter was pale, and rather bloated, the paroxysms were in the evening and quotidian, with little shivering, but there was thirst before and during the cold stage. *China* 200th was given, and but one paroxysm supervened. She has been perfectly well since.

A gentleman of active habits, had suffered from ague for eighteen months, had taken quantities of quinine and chologogue and arsenic, was pale bloated disposed to bleeding hemorrhoids and swollen feet with a peculiarly "puffy" condition of the eye-lids. *Apis mel* 200 cured him entirely, no paroxysm succeeding the third dose of the medicine.

Again—Two boys, brothers, from Indiana were affected as follows. One with a Double Tertian. the other with a Quotidian. In the former case the mother stated that she could always predict the advent of the chill by a dry cough which came on with intense thirst. *Rhus tox.* 200th cured him. In the other there was no thirst at all, with good appetite and apparently perfect health during apyrexa. *Puls* 200 was efficacious.

It is unnecessary to give futher illustration of cases; but those that have been noted are, so far, absolute cures with the high potencies. There is no prevarication in the matter, there can be no doubt as to the diagnosis, there can be no doubt of the cures. On the other hand if we were to state that in other cases after a patient trial of the medicines, the alkaloid cured them in a prompt and satisfactory manner, we should be but

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stating facts as clearly demonstrable as those cases to which we have alluded as being cured by the potencies.

But it is certainly a great advantage gained, if we have within our reach so many weapons to combat such an insidious foe as Intermittent Fever; and what a comfort it is to think that we possess the whole line of potencies from the tincture, nay even the alkaloids, to the 200th (which for the present are quite elevated enough) whereby we may satisfactorily cut short those paroxysm of fever which have ever been the bane of physicians of all schools.

In our next issue we shall lay before the readers of the *Observer* extracts from the proeeedings of the Thirty-sixth Annual Meeting of the Central Homœopathic Society of Germany. The discussion upon the subject of Cholera is very interesting, and our readers will, no doubt, be pleased with the practical portion of it, which will be translated for us.

We give above a portrait of Dr. Gardner, who was "*suspended*" by the New York Academy of Medicine for consulting with a Homœopathic Physician. In our editorial remarks in the last number, we predicted that the public press of the country would notice this illiberal act of the Academy, and the prediction has been verified. The *New York Times*, the *New York Tribune*, the *Independent*, *Frank Leslie's Illustrated Weekly*, *The Nation*, besides medical periodicals, have already loudly censured the ejection of Dr. Gardner, who will, no doubt, reap great benefit from being thus "cut off" from the great Academy, Amen! say we.

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THE proceedings of the International Congress of Homœopathic Physicians at Paris, last August, were not of such a high order as was anticipated. Nothing of *vital* importance, for the advancement of Homœopathy, was transacted. The revision of the Materia Medica, the intercession for the teaching of Homœopathy at European Universities, the establishment of Homœopathic Hospitals, &c., all subjects of the highest import, have scarcely been mentioned during the several days session.

PRIZES OF THE WESTERN INSTITUTE OF HOMŒOPATHY.

The following prizes are offered to all Homœopathic physicians:

Dr. Franklin, $100 for the best essay on the diseases of the bones, and their Homœopathic treatment.

Dr. Ludlum, $100 for the best treatise upon the pathology and treatment of dysmenorrhœa.

Dr. Eggert, of Indianapolis, (who was the first to offer such inducements for well written, carefully digested, and thoroughly practical papers,) offers $100 for the best monograph on nasal catarrh and its Homœopathic treatment.

Dr. Helmuth, $100 for the best paper on Syphilis and its Homœopathic treatment.

Each of the gentlemen who have thus seen fit to stimulate the exertions of the profession—not so much by the actual pecuniary reward, as by the honor which may accrue to the successful essayist—has the privilege of appointing his own committee of examination. This committee will carefully and conscientiously peruse the documents that may be entrusted to them, and will report in accordance with the statements of each. In order to secure strict impartiality, the name of the writer *must not appear in any portion of the essay*, but must be written upon a slip of paper enclosed in a sealed envelope, upon which envelope must be endorsed the title of the paper. After the decision of the committee, the envelope bearing the title of the essay which is found to be worthy of the prize, is opened, and then, and not until then, will the committee on any article be aware of the name of the physician who is the successful candidate.

It is very necessary that these papers should be produced at as early a day as possible, and they should *all* be handed in to those offering the prizes, before the 1st day of March, that sufficient time may be allowed for careful reading and appropriate decisions.

DR. HALE'S PRIZES FOR THE PROVINGS OF PTELEA TRIFOLIATA.

1st. Fifty dollars for the best *pathological proving* on dogs or rabbits; said proving to be continued, in each case, not less than a week; to be made with massive doses of the tincture, or Ptelein; and to consist of all the symptoms observed during the life of the animal; a record of the

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pathological or normal examination of the diseased organ or tissue, and any abnormal secretion or product.

2d. Ten dollars, or a copy of *New Remedies*, (2d edition,) for the best physiological proving; made with the mother tincture and the 6th dilution; each experiment to extend through the period of one week or more; with record of all the symptoms, and, if possible, the microscopical and clinical analysis of the urine, fæces, and other discharges.

3d. Five dollars, or a copy of *Treatise on Abortion*, and the *Observer* for one year, for the next best proving made above.

Each prover will be presented with a copy of the *Monograph on Ptelea*, when published. *All provings must be sent before January 1st*, 1868.

E. M. HALE.

MORTUARY REPORT OF THE CITY OF ST. LOUIS, FOR THE FOUR WEEKS ENDING NOVEMBER 29th, 1867.

Accidents	5	Inanition	1
Apoplexy	6	Intemperance	1
Atrophia	4	Influenza	1
Abscess	1	Jaundice	1
Asthma	2	Laryngitis	1
Abortus	1	Lockjaw	2
Bronchitis	12	Myelitis	1
Carcinona Uteri	1	Marasmus	21
Carditis	2	Meningites	16
Childbed	2	Mitretis	1
Cyanosis	2	Old Age	3
Cerebral Spinal Disease	3	Pneumonia	24
Cancer	3	Premature Birth	6
Cholera Infantum	3	Poisoned	1
Cholera Morbus	23	Paralysis	3
Congestion	21	Pericarditis	1
Consumption	38	Peritenetis	1
Convulsions	25	Pleuritis	2
Croup	12	Scrofula	2
Congestive Chill	5	Spina Cifica	1
Cystitis	1	Shot Wound	1
Debility	16	Summer Complaint	2
Delirium Tremens	2	Scarlatina	4
Diarrhœa	10	Still Born	38
Diphtheria	5	Second Syphilis	1
Dropsy	2	Stomatitis	-
Dysentery	28	Scalding	-
Diabetes Mellitus	1	Suppression of Urine	-
Epileptic Fit	1	Softening of Brain	-
Enteritis	11	Teething	1
Eclampsia	1	Trismus	8
Erysipelas	1	Tetanus	3
Fever	51	Tracheitis	1
Gangrene	1	Ulceration of Bowels	1
Heart Disease	4	Uterus Intestina	1
Hepatitis	4	Whooping Cough	2
Hydrocephalus	5	Yellow Fever	1
Hæmorrhage	4		
Inflammation	4	Grand Total	478
Icterus	1	Children under five years	207

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THE SIXTH

ANNUAL ANNOUNCEMENT

OF THE

Homœopathic Medical College

OF MISSOURI.

SESSION OF 1867-68.

Saint Louis, Mo.
JNO. T. & E. T. USTICK, PRINTERS.
1867.

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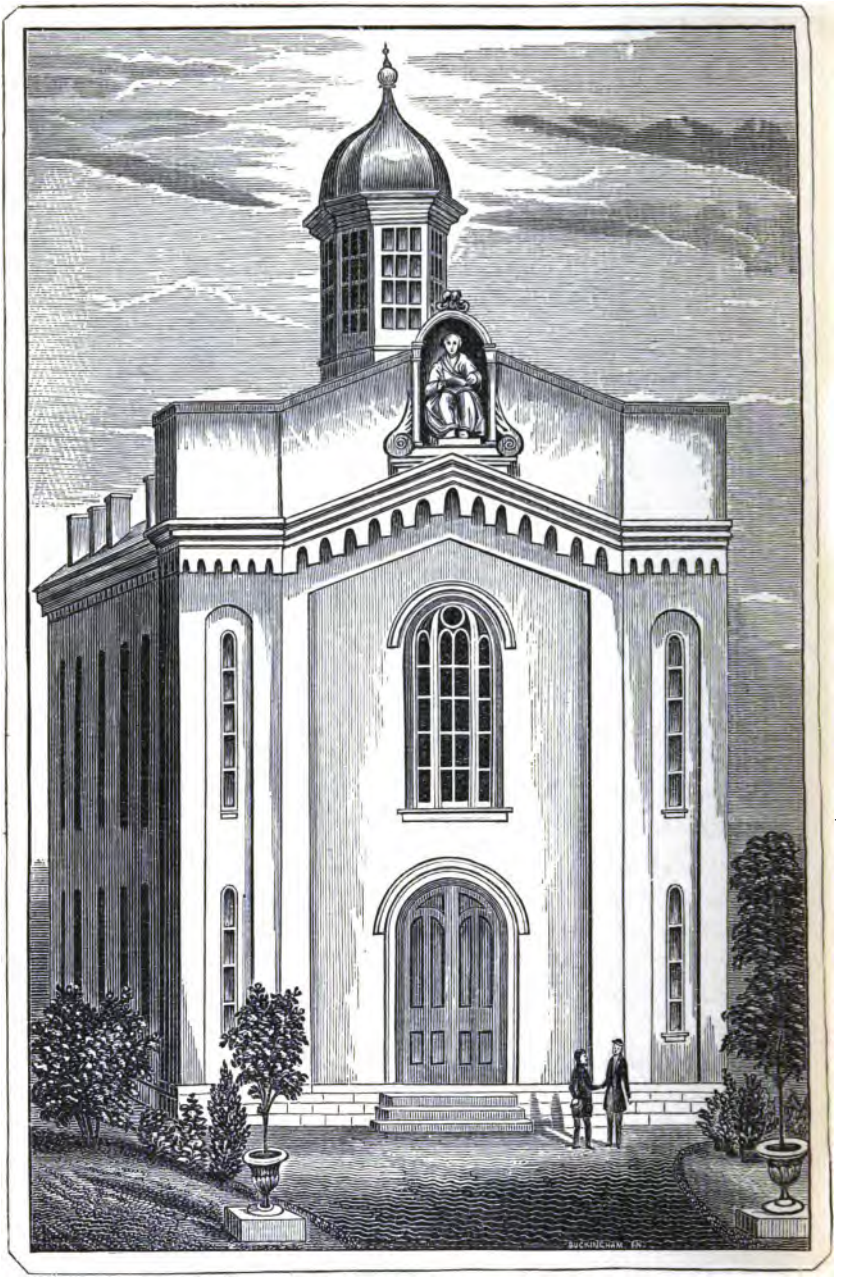

HOMOEOPATHIC MEDICAL COLLEGE OF MISSOURI.

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ANNOUNCEMENT.

THE gradual but steady progress of the Homœopathic Medical College of Missouri, has induced the Faculty and Board of Trustees of this Institution to renewed efforts in its behalf; and they are now happy in being able to announce to those desiring a full and complete course of Medical Instruction, that both their College and Hospital facilities are unsurpassed by any Institution in the country.

The College Building.

A building has been purchased, at a cost of thirty thousand dollars, wherein every convenience for medical instruction and the comfort of the student are fully considered. The edifice—a representation of which is found in the accompanying cut—is forty feet front by one hundred and ten feet in depth, and is surmounted with a dome, to admit light to a spacious amphitheatre. The dispensary rooms are ample and well arranged, and the dissecting rooms, both for teacher and pupil, have been rendered both convenient and comfortable. The abundance of material which during the past sessions of the College has been furnished, can be well attested by every member of the Classes in attendance, and the prizes offered for proficiency in dissection, together with regular and minute demonstrations, have ever been a matter of congratulation to those connected with the College.

The Museum.

The cabinet of the College has been considerably extended during the past year. Chemical and Philosophical apparatus have been purchased; manikins, models, plates, splints, dia-

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grams and wet preparations have been added, and an order has been forwarded to France for some of those rare and beautiful models for which that country is so famous. Besides these additions, the private collections of several of the Professors hold a conspicuous position on the shelves, and contain in themselves many unique and not easily obtained specimens; all of which are brought before the student to facilitate the Professors in the explanation of their respective lectures. It is also the intention of the Faculty to open a reading room for the benefit of the students, wherein all the best periodical literature of our school may be found, and where standard works on Homœopathy and the collateral sciences may be open for reference and perusal.

The Dispensary.

The apartments of the Dispensary are well arranged both for the reception of patients and private consultations, and an arrangement has been made whereby the out patients can be attended by those expecting to graduate, and, as opportunity offers, obstetrical cases attended by those who apply for the degree of the College. The central situation of the College Building, its easy access from all parts of the city, the privacy of the consultation rooms, the separate entrance for those applying for relief, and the position occupied by Homœopathy in the community, combine to render the facilities for clinical study in all the departments of medicine both interesting and attractive.

The Hospitals and the Hospital Diploma.

After years of patient and laborious exertion, the Good Samaritan Hospital has attained a goodly proportion and occupies a very prominent position among the public charities of St. Louis. Its more general appreciation is evinced by the increasing number of its patients, both private and public, and by the number of applications for admission of

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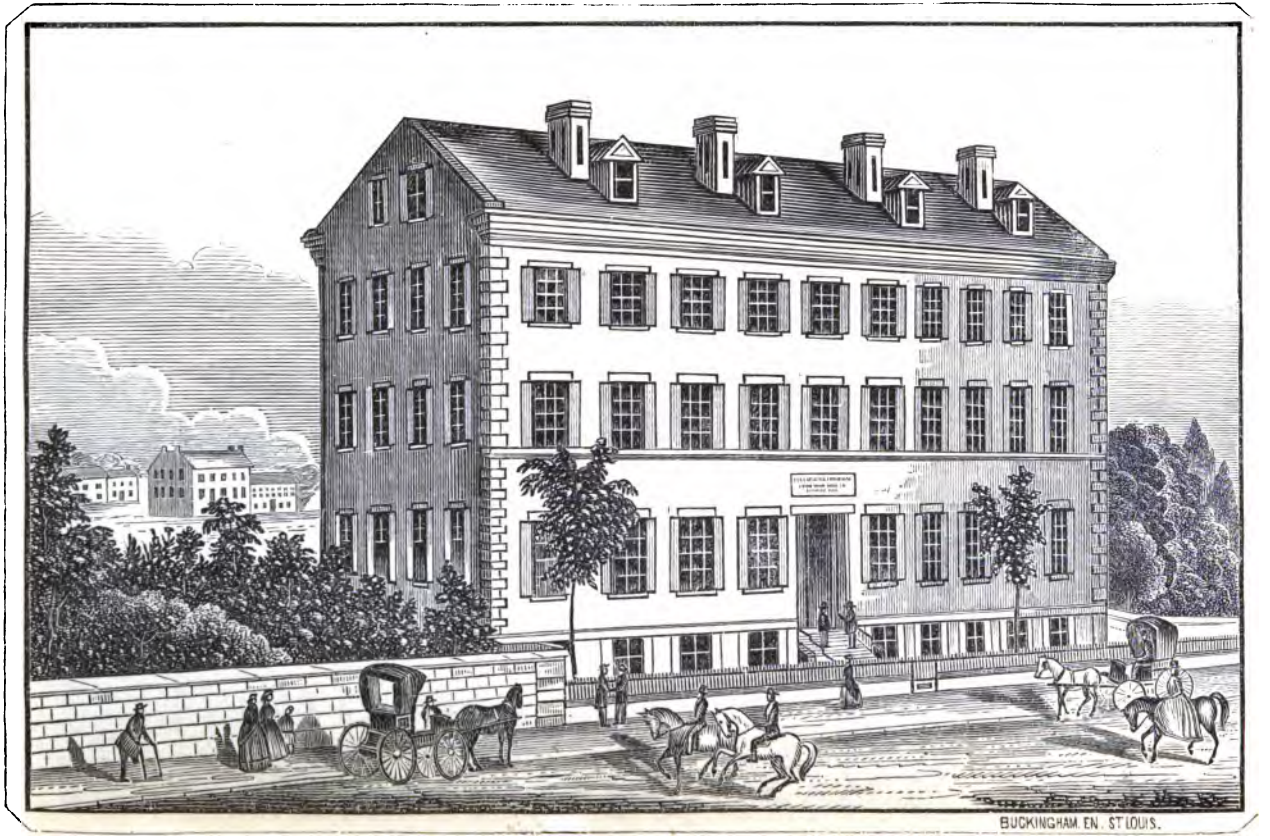

GOOD SAMARITAN HOSPITAL.

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the wounded and injured. The facilities afforded by this charity for the study of Medicine and Surgery, can not be well over-estimated, and the regularity of the instruction given, affords the student an opportunity for observing the action of medicine exhibited according to the Homœopathic Law. Its surgical wards always contain interesting cases. During the past year the following operations have been performed: Amputation; the extirpation of cancers; two operations for lithotomy; resection of the elbow; a rare operation for hydatids of the liver; extirpation of a part of the inferior maxillary bone; Baker Brown's famous operation of removal of the clitoris; the new operation of perinæl urethrotomy; several cases of varix; excision of the sternal end of the seventh rib; strabismus; staphyloraphy; several cases of fistula in ano; fractures of the lower extremity treated by Swinburne's method; together with all the minor performances, as opening of abcesses, passing the catheter, paracentesis abdominis, &c., making *in toto* a surgical clinic of great value.

The Colored Orphans' Home is also under the control of the Professors, where, in some instances, diseases peculiar to the colored races are witnessed. Here, also, an opportunity is offered to the student to vaccinate, and observe closely the varied stages of the vesicle.

To those intending to graduate, these Institutions present great inducements; and to those who have been assiduous in their attendance, the

HOSPITAL DIPLOMA

of the College is granted—a document which, in certain parts of the United Provinces, is possessed of great value.

Prizes.

To incite the student to increased diligence, the Professor of Surgery, Dr. Franklin, offers for the best anatomical preparation made in the dissecting room, a handsome operating case, valued at forty dollars; and for the second,

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a useful and valuable surgical instrument. These prizes are publicly awarded at the Commencement exercises of the College.

Fees.

Fees for attending a full course of lectures, . .	$80 00
Hospital ticket, ...	10 00
Matriculation fee (paid once only), ...	5 00
Practical Anatomy (paid once only), ...	10 00
Graduation fee, ...	30 00
Beneficiary fee, ...	40 00
Fees for students having attended two full courses in other Medical Colleges, ...	40 00
Graduates of other Medical Colleges, ...	30 00

The following is a more detailed account of the teachings of the separate Chairs:

Materia Medica.

The Professor will introduce to the class those agents of the three kingdoms of nature which have become known as valuable remedies for the relief of human suffering—their properties, poisonous and curative, their mode of preparation, their relation to disease, and their manner of application. This important branch will be illustrated by numerous specimens and plates, and it will be the object of the teacher to divest this branch of medical science of the dryness so often incident thereto. To that end he will not follow the beaten path of marked symptomatology, but will endeavor to throw around the topic such an attractiveness as will materially enhance the interest with which the student will listen to the ordinary delineations thereof, while at the same time he will not fail to avail himself of the works of the founders of Homœopathy. The experience and enthusiasm of Professor TEMPLE are a sufficient guarantee that he will

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thoroughly indoctrinate the student with a scientific appreciation of the subject.

Theory and Practice of Medicine.

The Board of Trustees, in the selection of an occupant of this important and responsible chair, have endeavored to secure the services of one who, while he should possess the scientific acquirements requisite for the successful illustration of our peculiar doctrines, shall also have had the advantage of practical knowledge. It must be apparent to all who have an appreciation of the distinctive differences between the two rival schools of medicine now struggling for supremacy throughout the civilized world, that these differences are principally confined to the departments of Therapeutics and Materia Medica. Fully impressed with such considerations, the Professor of Theory and Practice will carefully endeavor to lay before the students the institutes of medicine as belonging to both schools, to compare the results of the treatment, and to explain carefully and minutely the law of *Similia similibus curantur.*

Surgery.

The Professor of Surgery will indoctrinate the Class, not only in the general principles of Surgery and Surgical Anatomy, but also teach them Operative Surgery in all its departments. Regional anatomy will be fully illustrated by models taken from actual dissections, and the ligation of the principal arteries, as well as all important operations, will be exhibited on the cadaver. Minor Surgery and the application of splints, bandages, etc., in fractures and dislocations, will receive due attention. Military Surgery and the treatment of gunshot wounds, illustrated by specimens and drawings from the Professor's private museum, will have especial consideration. The aim and purpose of this chair will be, to instruct students in the principles of Surgery, and to familiarize them with the use of cutting

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instruments; in fine, to make them competent to perform the operations that fall under their care in the practice of their profession.

Didactic instruction will be given upon the following subjects during the term, viz.: *Hernia*, *Exsections*, *Amputations*, *Extirpation of humors*, and the *use of endoscopic instruments* in the diagnosis of diseases.

Obstetrics, Etc.

The Professor will minutely teach the different topics which have been assigned him. He will spare no pains in the attempt to illustrate this important branch in such manner as shall thoroughly indoctrinate the student with a correct knowledge of the theory and practice of this department. He will seek to educate the moral as well as the physical; and in no department of medicine is such education more necessary. Particular attention is paid to the consideration of the development of the fœtus and to the use of instruments, with which Dr. Walker is thoroughly conversant. Each student will have an opportunity of applying the forceps upon the manakin; under the direction of the Professor, while all the instruments used in this department, from the antiquated to the most recent invention, are exhibited to the Class.

Chemistry and Toxicology.

Professor Tirrell is an accomplished chemist, and is also possessed of a lucid method of instruction, and an excellent capacity for experimentation. During the course the subject of Toxicology, a neglected though very important item to the Homœopathic student, will receive special attention. The Professor will bring to aid him in the illustration of this branch, a superior chemical apparatus and a large supply of specimens. He will also devote a portion of the course to philosophical investigation, in which he is proficient, and which in itself is possessed of much interest

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being often indispensable to the proper understanding of chemical science.

Physiology and General Pathology.

This department will be most especially devoted to teaching the science of *uses*, as to the human organism. Man will be studied *physically*, as a being of organs, each performing specific as well as relative functions, a thorough knowledge of which is indispensable to the Homœopathic practitioner. Man will be studied also as an intellectual and moral being, into whose soul nature culminates all the ultimates of *true* functional life. Vegetable and animal physiology will be freely employed as illustrative of the adaptive powers of natural law in the development of living instruments, perfectly fitted to the sphere for which they were organized.

Practical Anatomy.

The incumbent of this chair will include in his branch histology, descriptive, and, as far as the course will allow, pathological anatomy. Every texture and every organ of the body will be brought before the student, and not only described singly, but its relations to the whole organism pointed out. To aid him in his duties, the Professor will have constant access to the anatomical rooms, as he regards frequent demonstrations on the recent subject as the only method of imparting satisfactorily a thorough knowledge of his branch. Wet and dry preparations, drawings, models, etc., will also be used to enforce his instructions, and each candidate for graduation will be expected to prepare himself to satisfactorily dissect, before some members of the Faculty, any portion of the body that may be assigned to him.

The dissecting rooms are well lighted and ventilated, and abundantly supplied with material for the benefit of the dissecting classes.

For further information, apply to

WM. TOD HELMUTH, M.D., *Registrar*,
No. 1418, Washington Avenue, St. Louis, Mo.

REGULATIONS OF THE COLLEGE.

The affairs of the Institution are under the control of a Board of Trustees, who are elected annually.

The Faculty shall have authority to elect their own officers, consisting of a President and Secretary, hold meetings for the purpose of arranging and conducting the business of their department, and for the preservation of order and decorum among the medical students.

The Winter Course of Medical Lectures will begin annually on the fourth Monday in October, and end about the first of March ensuing.

A candidate for graduation must be of good moral character, and be possessed of sufficient preliminary education, have attained the age of twenty-one years, have applied himself to the study of Medicine for three years, attended two courses of medical lectures, and have been, during that time, the private pupil for two years of a respectable practitioner of medicine.

Students who have attended one or more full courses of lectures in other Medical Colleges, may become candidates by attendance upon one full course in this Institution.

The candidate, when making application for an examination, must exhibit his tickets to the Dean, or give other satisfactory evidence to the Faculty, to prove that the above regulations have been complied with.

Special examination in particular cases may be had, with the consent of the Faculty.

The candidate, on or before the first of February, must deliver to the Dean of Faculty a thesis composed by himself and in his own hand-writing, on some medical subject, which shall be referred to one of the Professors for examination.

The essay must be written on thesis paper of a uniform size, the alternate pages being left blank.

A thesis may be published by the candidate, permission of the Faculty being first obtained.

The candidate shall pay the fee of graduation at the time of presenting his thesis, and in the event of his rejection the money shall be refunded to him.

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The examination of each candidate shall be conducted in the presence of the Faculty, and such of the Censors as may wish to be present, and the voting, in the case of every candidate, shall be by ballot.

If, in the opinion of the Faculty, a candidate would be benefited by attending another course of lectures, he may withdraw his thesis, without being considered as rejected.

In unsatisfactory cases, the candidate may avail himself of a second examination before the whole Faculty, with their consent.

Formal notice of each satisfactory examination shall be given by the Dean to the passed candidate, who shall record his name and address upon the register of Graduates, with the title of his thesis.

The names of the passed candidates are to be reported by the Dean to the President, who will communicate such report to the Board of Trustees, in order, if approved by them, that their mandamus may be issued for conferring the degree.

A passed candidate shall not absent himself from the Commencement, without permission of the Faculty.

In order to afford facilities to students who are unable to pay the full amount of fees for a full course of lectures, five beneficiary students will be received, and entitled to a full course of lectures, by paying forty dollars each. The application for admission to be made to the Faculty previous to the first of September in each year, and to be endorsed by at least two respectable Homœopathic Physicians, testifying to the good moral character and worthiness of the candidate for such favor, and inability to pay.

The matriculation ticket must first be purchased of the Registrar before any other ticket can be obtained.

Tickets must be taken by the second Monday in November, except in special cases, to constitute a full course.

Students who have attended through two full courses of instruction in this Institution, shall be admitted to the subsequent courses of the College without further charge.

The Faculty shall have authority to consider and decide upon cases of special application for admission to the lectures.

WM. TOD HELMUTH, M.D., *Registrar.*

JNO. T. TEMPLE, M.D., *Dean.*

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MATRICULANTS FOR 1866–67.

STILLWELL G. MERRILL	Jackson, Michigan.
ED. McKEE	St. Louis, Mo.
CHAS. H. BAKER	Monmouth, Il's.
MORTIMER AYERS	Springfield, Ills.
R. Y. MANNING	Georgetown, Ky.
WM. H. BLAKELY	Cadiz, Ky.
N. F. PRENTICE, M.D	Freeport, Ills.
JAMES B. ADAMS	Springfield, Ills.
GEORGE BARTH	St. Louis, Mo.
L. E. WILSON	Louisville, Ky.
JOHN N. REYNOLDS	Ingersoll, C. W.
H. M. BRODRICK	Ingersoll, C. W.
S. C. BALDWIN	Lyons, Iowa.
CHAS. W. CLARK, M.D	Aylmer, C. W.
ALFRED E. RIESS	St. Louis, Mo.
HENRY B. SHIRLEY	Jacksonville, Ills.
M. KAMMERMEYER	Farmington, Iowa.
JOHN H. SMIZER	Cynthiana, Ky.
JAMES R. TEMPLE	Lexington, Mo.
JAMES P. WILLARD	Jacksonville, Ills.
FRED. W. WHITLOCK	Farmington, Iowa.
JULIUS N. DeWITT	Freeport, Ills.
JAMES W. ROUTH	Decatur, Ills.
T. L. SLOCUM	St. Louis, Mo.
J. MEAMBER	East St. Louis, Ills.
GEORGE H. STOCKHAM, M.D	Lafayette, Ind.
LEWIS GRASMUCK	Tecumseh, Kansas.
ED. MURPHY	New Orleans, La.
A. DeHEMECOURT	New Orleans, La.

GRADUATES.

STILLWELL G. MERRILL	Jackson, Mich.
JOHN N. REYNOLDS	Ingersoll, C. W.
H. M. BRODRICK	Ingersoll, C. W.
CHAS. W. CLARK, M.D	Aylmer, C. W.
HENRY B. SHIRLEY	Jacksonville, Ills.
JAMES R. TEMPLE	Lexington, Mo.
JULIUS N. DeWITT	Freeport, Ills.
JAMES W. ROUTH	Decatur, Ills.

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